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CITY AND COUNTY OF THE CITY OF EXETER



EDUCATION COMMITTEE

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# ANNUAL REPORT

UPON THE

## SCHOOL HEALTH SERVICE

FOR THE

YEAR ENDED 31st DECEMBER, 1956

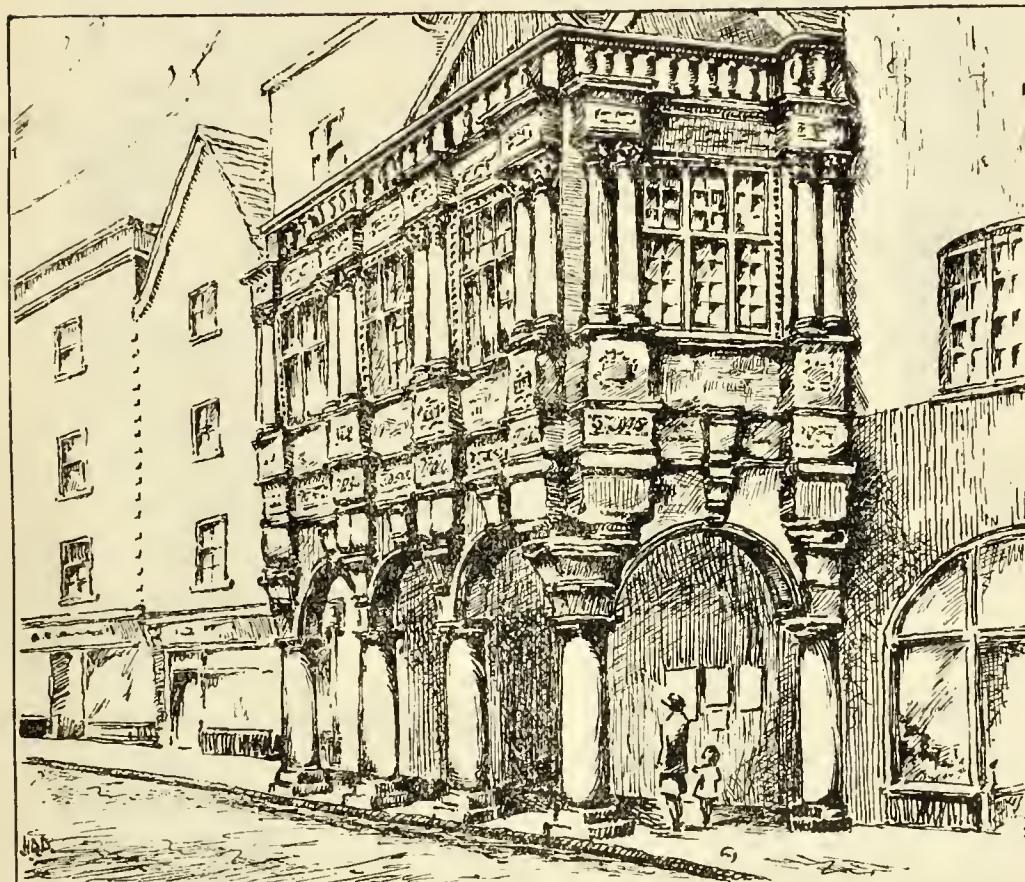
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E. D. IRVINE, M.D., M.R.C.S., D.P.H.,  
PRINCIPAL  
SCHOOL MEDICAL OFFICER



7.7.57 mby

# CITY AND COUNTY OF THE CITY OF EXETER



(Above sketch by H. D. Doble, 1950)  
**Guildhall, Exeter**

The present building was erected on the site of a former Guildhall in 1330. The main hall is used for civic functions, as a Council Chamber and, by rearrangement of the furniture, as a Court of Assize or Quarter Sessions.



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\*Denotes new items or developments

SCHOOL HEALTH DEPARTMENT,  
1A, SOUTHERNHAY WEST,  
EXETER.

April, 1957.

To the Chairman and Members of the Education Committee.

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to report on the health of the school children in the city, and on the work of the School Health Department in 1956.

The total number of children in the schools rose by 209 to 10,515 ; the 'bulge' increasingly affects the senior schools but the number of infants declined by 148. The children were in general in very good condition. Head cleanliness continues to improve.

We are now vision testing children in their thirteenth year and 13 out of 800 children so examined required spectacles for the first time.

Infectious disease was trivial during the year and no cases of poliomyelitis were notified. Vaccination against tuberculosis continued, and some intensive and fruitful surveys in relation to tuberculosis in our school children are described. This work is of the highest importance. Immunisation (boosting doses) against diphtheria was continued but much more was done *in the schools* than previously. Vaccination against poliomyelitis was done in certain groups of school children ; details will be given in my annual health report to the Council.

At the moment we have no special problems relating to the treatment of handicapped children though we have had to use assisted schools not on the approved list, but approved individually by the Ministry for educationally subnormal children.

Home tuition continued as before and transport of some physically handicapped children to school, some more or less permanently, some temporarily, was maintained. Education of long stay cases in hospital was begun.

Brief notes are included about school children appearing before the juvenile courts, and those sent to approved schools, on school accidents causing substantial absenteeism,

RE 'BULGE'  
Page 10)

ISION—  
Page 18)

INFECTIOUS  
DISEASE  
Page 39, 42-44)

ANDICAPPED  
EPILS—  
Page 28)

SCELLANEOUS—  
Page 49-51)

and, as in previous reports, on school absences throughout the year.

One minor ailment clinic (Buddle Lane) was closed.

**DENTAL SERVICE—**  
(Page 21, 22, 58)

We now have our newly equipped third dental clinic and the children from the St. Thomas area can now attend for dental care in this well equipped modern clinic near their own homes. During the early part of the year, we had only one dentist on duty, but we now have three dental surgeons and one vacancy. Mr. Clark was promoted to be Principal Dental Officer from September.

**COST OF SCHOOL  
HEALTH AND  
DENTAL  
SERVICES—**  
(Page 53)

The cost of the School Health Service for the financial year ending March 1956 which provides medical, nursing and dental supervision with ancillary services such as child guidance and speech therapy, for some 10,300 school children was in all approximately £17,500 of which the Government contributed over £9,000. The nett cost to the ratepayers was 16/4d. per child per annum. I believe that none who is familiar with the work of the School Health Service (and the report which follows is designed to describe it) will doubt that this is money well spent, and I am quite sure the parents of the city will agree.

**ADJUSTMENT  
CLASSES—**  
(See Appendix)

As an appendix a further account of the adjustment classes in the city is set out. We are here convinced that these classes are very well worth while, and they represent, I believe, a new approach to the problem of educationally subnormal children, especially if maladjusted. They should, I consider, be extended as opportunity affords.

**ACKNOWLEDGMENTS**

We were sorry to lose Mr. Tue as Director of Education on his retirement, and have to thank Mr. Howard (the newly appointed Director) an old friend as deputy, for his continued interest and help.

I must now refer to Dr. Jessie Smith whose retirement takes place in the Autumn of this year. For 28 years she has served this Authority and the school children of the city and for 9 years before that she was a school medical officer in other parts of the country. Naturally she is familiar with very many of the mothers of Exeter's children of today for she knew them when they themselves were children. I have never known one whose abiding care has been so much the welfare of the children, nevertheless she has taken a wide interest in other affairs in the city. She has seen many changes but one of the most striking has been in the health, and care of the children. People like Dr. Smith, working through the school health service in its earlier years have contributed enormously to that change. They generally get little recognition for it, but in their hearts they know their reward that they have made a contribution to a happier and healthier race.

Finally I thank the members of the staff—notably Mr. Stamp, Clerk-in-charge, the head teachers and staffs of the schools, the doctors in the city and you, Mr. Chairman and members of the Education Committee and especially the Chairman and members of the Special Services Sub-Committee. Your constant interest in the health of the school children and approval of all measures designed to forward it are much appreciated. It is work in which heart and head can easily be at one.

I am,

Your obedient servant,

E. D. IRVINE.

**EXETER EDUCATION COMMITTEE**  
 (as constituted on 31st December, 1956).

---

*Chairman—*

Alderman VINCENT THOMPSON, O.B.E.

*Deputy Chairman—*

Alderman W. G. DAW

*Committee—*

*The R.W. The Mayor—*

(DR. C. J. FULLER, D.M., F.R.C.P., J.P.)

Alderman Major A. S. Powley	Councillor A. H. Roberts
Alderman W. T. Slader, J.P.	Councillor N. S. Ruddick
Councillor H. T. Ackroyd	Councillor E. Russell
Councillor P. F. Brooks	Councillor Miss D.G. Saunders
Councillor J. G. Gater	Councillor J. H. Speller
Councillor W. J. Hallett	Councillor P. A. Spoerer
Councillor Mrs. G.L. Hall-Tomkin	Councillor Mrs. F. M. Vining
Councillor W. Hunt	Councillor J. G. Warne
Councillor Mrs. M. Nichols	Councillor A. S. Webber
Councillor H. Parker	

*Co-opted Members—*

Miss D. M. Bradbeer	Mrs. R. M. A. Hodge
Miss K. M. Bulleid	Miss S. Y. Mathias, M.A.
Rev. Preb. R. L. Collins	Mr. S. L. Medlar, M.A.
Dr. J. W. Cook, D.Sc., PH.D., F.R.S.	Mrs. M. D. L. Purton
Mr. J. J. L. Gore, B.Sc.	Miss F. M. Ragg, B.A. (Resigned 14.12.56)

J. L. HOWARD, M.Sc., A.R.I.C., *Director of Education*

E. D. IRVINE, M.D., M.R.C.S., D.P.H., *Principal School Medical Officer*

## STAFF OF THE SCHOOL HEALTH DEPARTMENT

---

<b>Principal Sch. Med. Officer &amp; Medical Officer of Health</b>	EDWARD D. IRVINE, M.D. (LIV.), M.R.C.S., L.R.C.P., D.P.H.
<b>Senior Sch. Medical Officer</b>	JESSIE SMITH, M.B., CH.B., (LEEDS), D.P.H.
<b>School Medical Officers ..</b>	GEORGE P. McLAUCHLAN, M.B., CH.B. (EDIN.), D.C.H., D.P.H. ALSO DEPUTY M.O.H. IRIS V. I. WARD, M.D. (LOND.), M.R.C.S., L.R.C.P., D.C.H.
<b>Principal Dental Officer ..</b>	WILLIAM CROFTS ARKLE, L.D.S. (GLASG.), Deceased 22.3.56.
	JAMES B. CLARK, L.D.S., R.C.S. (EDIN.), from 1.9.56
<b>Dental Officers .. ..</b>	ERIC G. C. HUNTER, L.D.S., R.C.S. (EDIN.), from 1.5.56. JAMES B. CLARK, L.D.S., R.C.S. (EDIN.), to 31.8.56, ( <i>see above</i> ). THOMAS B. H. WOOD, B.D.S., (ST. ANDREWS), from 1.9.56.
<b>Child Guidance Centre ..</b>	HARDY S. GAUSSEN, M.R.C.S. (LOND.), L.R.C.P., Psychiatrist (part-time). MRS. E. LEWIS, M.A. (OXON), M.ED. (BIRM.), Educational Psychologist (part-time). MISS K. HUNT, B.A., (LEEDS), Psychiatric Social Worker.
<b>Speech Therapist .. ..</b>	MISS J. A. JACKSON, L.C.S.T., (from 10.1.56).
<b>Superintendent Sch. Nurse (Also Supt. Health Visitor)</b>	MISS A. C. ATKINSON, (Resigned 30.11.56).
<b>School Nurses .. .. (Also Health Visitors)</b>	MISS A. E. EDDS. MISS L. E. WATHEN. MISS M. L. BARRETT. MISS G. M. BASTOW. MRS. K. DUNHAM. MRS. E. STANNARD. MISS H. M. SHEWAN. MISS B. A. BRAZIL, (From 3.4.56). MISS Y. CASELLI, (From 15.10.56). MRS. G. M. TIPPER, (Resigned 29.2.56). MISS B. HILL, (Resigned 31.7.56).
<b>Temporary School Nurses (Part-time)</b>	MRS. D. M. WAKELY. MRS. K. A. ATKINS.
<b>Temporary Clinic Nurses .. (Part-time)</b>	MRS. T. S. TILLER. MRS. M. A. MACNAMARA. MRS. E. PYLE. MRS. B. M. SHORLAND.
<b>Dental Attendants ..</b>	MISS E. I. ROSE. MISS A. M. SNOWDEN. MRS. G. COOMB, (Resumed Full-time 1.9.56).
<b>Clerks .. .. ..</b>	MR. W. H. STAMP, (Clerk-in-Charge). MRS. S. M. SMITH. MISS J. SHERE. MRS. J. L. WATTS, (To 29.2.56), (transferred to Health Dept.) MISS J. J. MILLER. MISS M. A. COX, (Temporary) from 3.4.56. MISS M. A. FENWICK (Dental). MRS. P. M. ASH (Child Guidance Centre) from 2.1.56.

## STATISTICS AND GENERAL INFORMATION

---

Population of City (Mid-Year 1956) .... .... ....	77,000
Population (city) between 5 and 15 years (Mid-Year 1955) approx. .... .... .... .... .... .... ....	11,500
Population of Maintained Schools as at 18th Jan., 1957	10,515
Number of Maintained Schools .... .... .... ....	38

(I am indebted to the Director of Education for the following information) :

PUPILS			SCHOOLS		
Boys	Girls	Total	Department	Number	
21	19	40	Nursery .... ....	1	
1,133	1,055	2,188	Infants .... ....	16	
2,372	1,991	4,363	Junior .... ....	17	
1,314	1,290	2,604	Secondary Modern ....	8	
265	—	265	Secondary Technical	1	
533	507	1,040	Secondary Grammar	2	
9	6	15	Hospital Special School (Honeylands) ....	1	
5,647	4,868	10,515	TOTALS ....	46	

Those schools having both infants and juniors have been counted as having two departments.

During the year, one new school was opened : Whipton Barton Junior Mixed School (380 places). There are now 9 post-war schools in the city. The maintained school population increased by 209 over the year ; the "bulge" has now clearly passed through the infant schools, where the child population declined by 148. Nevertheless some infant schools are still crowded, notably Whipton, Montgomery and St. Nicholas Infant Schools. A new infant school is now nearing completion at Beacon Heath which will relieve the crowding in Whipton Infants' School.

## SCHOOL BUILDINGS

I am indebted to the City Architect (Mr. H. B. Rowe) for the following notes on work carried out by his department in the schools during 1956.

**(a) School Meals Service**

A dining-room and scullery were completed and brought into use at the new Whipton Barton Junior Mixed School. Internal decorations were carried out in rooms used for School Meals purposes as follows :

- (a) Montgomery School — kitchen, servery and ancillary rooms.
- (b) Bradley Rowe Schools — kitchen, servery and ancillary rooms.
- (c) Ladysmith Schools — kitchen, dining room and servery, etc.
- (d) Chestnut Avenue Nursery School — kitchen, larder and dry store.
- (e) Bishop Blackall School — kitchen, and dining room.
- (f) The Priory School — kitchen and store rooms.
- (g) Secondary Technical School — kitchen and dry store.
- (h) Stoke Hill Junior School — kitchen.
- (i) Whipton Infants' School — kitchen and dining room.

**(b) Alterations**

Cowick Street Infants — sinks fitted in two class-rooms for Art and Craft use.

St. Thomas Infants — indoor staff lavatory was provided.

John Stocker Junior Boys' School — electric lighting in hall modernised ; additional power points for cinematograph projectors ; floors of several classrooms re-surfaced.

St. Mary Arches Infants' School — hot water supply for staff and children.

Newtown School — improvements to electric lighting ; hot water supply to the staff lavatory.

Bradley Rowe Infants' School — water heater provided in the head teacher's room.

Bradley Rowe Junior Girls' School — sink provided in class-room for handicraft instruction purposes.

Ladysmith Junior Mixed School — modernisation of electrical installation ; outside store for physical education apparatus ; cycle shed for staff ; floors of two classrooms re-surfaced.

Stoke Hill Junior Mixed School — a playground shelter and storage accommodation for staff cycles.

John Stocker Boys' Secondary Modern School — sun blinds for 7 classrooms.

St. Thomas Girls' Secondary Modern School — Hot water supply in three cloakrooms.

Episcopal Boys' Secondary Modern School — hot water supply in two cloakrooms ; armour plate glass was fitted to the windows of the assembly hall at this school where they face the playground to eliminate the dangers due to flying glass ; staff cycle store.

Ladysmith Boys' Secondary Modern School — playground extended ; armour plate glass was fitted to the windows overlooking this playground ; the head master's room at this school was divided to give separate accommodation for a secretary and a ladies' lavatory added ; adaptation to the first floor corridor to provide accommodation for medical inspections ; sinks added in two of the hatted handicraft classrooms.

Bull Meadow Cookery Centre — lavatory accommodation modernised, 3 new pedestal W.C.'s added to replace the old trough closets.

Boys' Secondary Technical School — cycle shed for 70 cycles was provided.

Hele's School — supply of electricity provided to gardener's cottage.

Bishop Blackall School — amendments carried out to the domestic hot water installation and heating of two annexe rooms ; hot water supply to the wash-hand basins, also at the annexe.

(c) **Internal Decorations** of a major character were carried out at the following schools :

Cowick St. Infants.	John Stocker S.M. Boys.
St. Thomas Infants.	St. Thomas S.M. Girls.
Holloway St. J.G. & I.	Episcopal S.M. Boys.
Newtown J.M. & I.	Episcopal S.M. Girls.
St. Sidwell's J.M. & I.	Ladysmith S.M. Boys.
St. Nicholas J.M. & I.	Secondary Technical.
Bradley Rowe Infants.	Hele's.
Countess Wear J.M.	Bishop Blackall.
Summerway Junior Mixed.	

(d) **Minor Redecorations**

Internal decorations were carried out at 18 other schools or properties controlled by the Education Committee.

## MEDICAL EXAMINATIONS AND TREATMENT

### Accommodation for Medical Examinations

(The Standards for School Premises Regulations, 1954,  
Sections 12 & 25).

A survey of the medical accommodation available in the city schools was made in September, 1956. This shewed that there

were no medical rooms as such in any of the 30 schools built prior to 1939 nor in 2 of the post-war schools. I do not count accommodation as suitable if it does not provide reasonable waiting facilities for parents and children. This is far from the case in Exeter even in some of the newer schools. Only 3 schools (The Vincent Thompson B.S.M., The Priory G.S.M. and Summerway J.M. schools) have really good medical suites. It was found impracticable, owing to lack of suitable accommodation, to carry out medical inspections at the following schools during 1956 :—

- (a) Bishop Blackall School (a grammar school for girls).  
(examinations conducted at the Central School Clinic).
- (b) Central Technical College (full-time students).  
(examinations conducted at the Central School Clinic some distance away).
- (c) John Stocker Junior Boys' School.  
(examinations conducted in a nearby minor ailments clinic).
- (d) Episcopal Girls' Secondary Modern School.  
(examinations conducted in a nearby hall).

I have been asked from time to time to agree to requests for periodic medical inspections to be conducted in premises other than the school. I am most reluctant to agree to such arrangements ; the doctors seeing the children in school adds greatly to the value of the examinations ; nowadays the medical examinations of the children is an essential part of school life ; the head teacher and the school medical officer and the parent can discuss any health problems that should properly be so discussed. The child, the parent, and the school, as well as the school health service, profit from having the examinations made in school. Quiet and privacy are however necessary and these are often not secured. On a different argument altogether, examinations in distant centres adds to the loss of school time ; here as far as is possible we go into schools for any medical procedure, carried out under the Authority's schemes.

It has now been possible (1957) to resume examinations in Bishop Blackall School, and in the John Stocker Junior Boys' School even though the conditions are very far from satisfactory.

### Medical Examinations

In a total school population of 10,515 the periodic examinations numbered 4,793 and other medical examinations 2,931. Parents were present at 3,559 (74%) of the complete examinations (see table on page 25). Parents are not normally invited to be present at the re-examinations but are occasionally invited to the special examinations : these attendances are not, however, recorded for statistical purposes. 751 children (approximately 1 in 6 of those examined at the periodic inspections) were found to require treatment for some defect other than dental disease which is common or verminous conditions which are rare.

### General Condition of the Children

The general condition of the children remains satisfactory, 99.5% having been so classified by the medical officers, compared with 99.3% so graded by the same doctors last year. As stated in my 1955 Report, children whose general condition is considered unsatisfactory, are investigated.

Special reports were completed by the medical officers setting out in detail the reasons for the unsatisfactory general physical conditions of the 24 children concerned ; these findings have been summarized and are set out.

20 are girls (5 infants, 4 juniors and 11 seniors) but only 4 are boys (2 infants, 1 junior and 1 senior) ; these represent 0.9% unsatisfactory of the total number of girls (2,334) having complete examinations during the year and 0.2% of the total number of boys (2,459) so examined. One senior girl classified as unsatisfactory in March 1956 was re-classified as satisfactory when examined again by the same doctor in December.

All except 4 girls took school milk ; 7 children (6 girls and 1 boy) took school dinners. Substantial defects were found in only 9 of the 24 children, viz. : chest complaints (2) ; heart disease (2) ; multiple handicaps (1) ; maladjusted (1) ; rheumatism (1) ; delicate and under the care of the chest physician (2). In only 3 cases (2 girls and 1 boy) was the maternal care reported to be unsatisfactory ; in 8 cases sleep was considered insufficient ; in 2 cases housing conditions were considered unsatisfactory.

Action was taken in accordance with the medical officers' recommendations :

(a) 14 were kept under observation (to be medically examined, weighed and measured every term).

(b) 4 were referred to their own doctor or a specialist for advice or treatment ; 6 others were already under such care.

### HEIGHTS AND WEIGHTS.

#### BOYS' HEIGHTS

MINISTRY OF EDUCATION STANDARD (1928)		Height in inches	Age	No Exam- ined in 1956	EXETER BOYS				
Age					1956	1955	1954	1953	1952
5	(4½-5½) yrs.	41.4	5 (5-6) yrs.	509	43.4	43.7	43.1	43.4	43.2
6	(5½-6½) "	43.0							
7	(6½-7½) "	45.4							
8	(7½-8½) "	47.8	8 (8-9) "	551	50.7	50.4	50.3	50.2	50.0
9	(8½-9½) "	49.2							
10	(9½-10½) "	51.3							
11	(10½-11½) "	52.7	11 (11-12) "	356	56.7	56.5	56.7	55.9	56.2
13	(12½-13½) "	56.2	12 (12-13) "	173	57.5	57.7	58.1	—	—
14	(13½-14½) "	58.0	14 (14-15) "	296	63.5	63.8	63.3	62.7	62.6
			15 (15-16) "	129	66.6	66.4	66.0	65.9	66.0
			17 (17-18) "	34	69.0	69.2	67.8	69.0	68.4

## BOYS' WEIGHTS

MINISTRY OF EDUCATION STANDARD (1928)		EXETER BOYS								
Age	Weight in pounds	Age	No. Exam- ined in 1956	Average Weight in Pounds						
				1956	1955	1954	1953	1952		
5 (4½-5½) yrs.	38.7	5 (5-6) yrs.	509	43.1	44.0	42.7	44.0	44.2		
6 (5½-6½) "	41.3									
7 (6½-7½) "	45.4									
8 (7½-8½) "	51.0	8 (8-9) "	548	60.3	60.7	60.2	59.7	59.3		
9 (8½-9½) "	54.8									
10 (9½-10½) "	59.6									
11 (10½-11½) "	64.6	11 (11-12) "	355	83.2	81.9	80.7	79.6	80.8		
13 (12½-13½) "	76.5	12 (12-13) "	173	85.2	85.1	86.7	—	—		
14 (13½-14½) "	86.1	14½ (14-15) "	296	113.6	115.4	109.7	109.4	111.0		
		15 (15-16) "	129	129.9	128.8	127.7	126.2	128.3		
		17 (17-18) "	34	144.7	144.5	147.0	147.0	146.6		

## GIRLS' HEIGHTS

MINISTRY OF EDUCATION STANDARD (1928)		EXETER GIRLS								
Age	Height in inches	Age	No. Exam- ined in 1956	Average Height in Inches						
				1956	1955	1954	1953	1952		
5 (4½-5½) yrs.	41.1	5 (5-6) yrs.	479	43.1	43.3	42.5	42.9	42.7		
6 (5½-6½) "	42.8									
7 (6½-7½) "	45.1									
8 (7½-8½) "	47.5	8 (8-9) "	460	50.0	50.1	49.8	50.0	49.7		
9 (8½-9½) "	48.9									
10 (9½-10½) "	51.2									
11 (10½-11½) "	52.8	11 (11-12) "	384	57.5	57.2	56.9	56.7	56.7		
13 (12½-13½) "	56.9	12 (12-13) "	159	58.5	58.3	58.6	—	—		
14 (13½-14½) "	58.9	14 (14-15) "	302	62.4	62.1	61.9	61.8	61.6		
		15 (15-16) "	76	63.1	63.6	63.6	63.5	63.1		
		17 (17-18) "	12	64.4	64.2	63.9	64.0	63.8		

## GIRLS' WEIGHTS

MINISTRY OF EDUCATION STANDARD (1928)		EXETER GIRLS								
Age	Weight in pounds	Age	No. Exam- ined in 1956	Average Weight in Pounds						
				1956	1955	1954	1953	1952		
5 (4½-5½) yrs.	37.5	5 (5-6) yrs.	479	41.7	42.5	41.8	42.6	42.7		
6 (5½-6½) "	40.1									
7 (6½-7½) "	44.4									
8 (7½-8½) "	49.4	8 (8-9) yrs.	460	58.2	59.5	58.3	58.4	58.0		
9 (8½-9½) "	52.6									
10 (9½-10½) "	59.8									
11 (10½-11½) "	63.9	11 (11-12) "	384	86.0	85.3	82.8	82.6	78.9		
13 (12½-13½) "	79.0	12 (12-13) "	159	91.0	89.4	90.7	—	—		
14 (13½-14½) "	88.2	14 (14-15) "	302	113.5	112.1	111.2	110.5	110.3		
		15 (15-16) "	76	123.1	123.2	124.8	120.7	115.3		
		17 (17-18) "	12	133.3	130.5	129.5	129.3	123.1		

The average heights and weights of the entrants shew a very slight decline on the findings of 1955, but this is probably of no real significance.

**Otitis Media** was found in twice as many children as in the previous year; 27 children (i.e. about 1 in 177 of those examined at periodic and special complete examinations and 10 children at special, not complete examinations (i.e. 1 in 112 examined) were

found to have otitis media (running ears); 14 were referred for treatment, the remaining 23 cases being kept under observation. 87 children were referred for treatment of nose and throat defects, whilst a further 297 children are being kept under observation. For several years, the school doctors have used the electric auroscope for the aural examination of every child being examined at any periodic medical inspection.

### OTORRHOEA

During the year only 13 children (6 boys and 7 girls) attended school clinics with suppurative otitis media; 5 had otorrhoea for the first time whilst 8 of them were recurrent cases. In all the cases the housing and/or home conditions were considered to be satisfactory; 6 of the children had had their tonsils and/or adenoids removed.

**Squint** was found in 53 children (nearly three times as many as last year) at the periodic and special complete examinations (i.e. about 1 in 90). 3 were referred to the West of England Eye Infirmary, the remaining 50 being kept under observation. Almost all of the last have already been under the care of the Eye Infirmary and its orthoptic department. The great majority of squint cases are recognised in the pre-school years and they are referred then to the Eye Infirmary.

Although the increase in both otitis media and squint is quite considerable, compared with last year's findings, the 1956 figures are comparable with those for 1954; in any case I consider our figures are too small to draw any useful inferences.

	1955				1956					
	No. of children med. examd.	SQUINT		OTITIS MEDIA		No. of children med. examd.	SQUINT		OTITIS MEDIA	
		T	O	T	O		T	O	T	O
Entrants ....	876	—	7	3	3	994	2	26	1	5
2nd Age Group ....	1,056	—	4	1	9	1,079	—	7	5	2
3rd Age Group ....	538	—	1	—	1	646	—	2	1	2
Other Periodics ....	1,204	—	7	1	1	2,074	1	15	1	10
Specials .... (not complete)	1,238	—	—	—	—	1,119	—	—	6	4
<b>TOTAL ....</b>	<b>4,912</b>	<b>—</b>	<b>19</b>	<b>5</b>	<b>14</b>	<b>5,912</b>	<b>3</b>	<b>50</b>	<b>14</b>	<b>23</b>

T means referred for Treatment.

O means referred for Observation.

### VISION

The medical officers refer children to the West of England Eye Infirmary; the standard adopted for reference is: when distant vision is 6/12 in either eye or worse, when distant vision is 6/9 or better but there are signs of eye strain, or when near

vision is poor. Borderline cases are kept under observation. The age of the child is also taken into consideration, as slightly defective vision at an early age may be of no consequence, whereas at a later age and when vision has previously been normal it may be an indication of commencing myopia.

During the year, 990 children were referred by the school medical officers to the West of England Eye Infirmary for refraction. These included 254 (107 boys and 147 girls) referred for the first time and spectacles were prescribed for 156 (58 boys and 98 girls) of these 254 children. There is no delay in securing spectacles for school children but very considerable effort is needed to secure a satisfactory response by the children and parents.

During the year the sum of £5 1s. 4d. was spent by the Education Committee for the replacement or repair of spectacles damaged due to lack of care, in accordance with Regulation 7 of the National Health Services (Charges for Appliances) Regulations, 1948.

### VISION EXAMINATION OF SIX YEAR OLD CHILDREN

Since 1950 special vision testing sessions for the six year old children have been held by the nurses ; we have felt that more accurate results are obtained when examinations are carried out at this age than if conducted on school entry. During 1956, 873 six-year old children (455 boys and 418 girls) were so examined by the school nurses at 16 schools ; 76 children (40 boys and 36 girls) apart from children already wearing spectacles were found to have defective vision of over 6/12 in either or both eyes, and referred for further examination by the school medical officers. The table below sets out the action taken :

		Boys	Girls	Total
For observation by school medical officers	....	16	17	33
Referred to Eye Infirmary by school medical officers	....	21	18	39
Attended private opticians	....	3	1	4
	<b>TOTAL</b>	<b>40</b>	<b>36</b>	<b>76</b>

### RESULT OF EXAMINATION AT THE EYE INFIRMARY :

Spectacles prescribed	....	....	....	13	12	25
Spectacles not prescribed	....	....	....	6	5	11
For observation at Eye Infirmary	....	....	....	1	1	2
Unable to attend (illness)	....	....	....	1	—	1
	<b>TOTAL</b>	<b>....</b>	<b>....</b>	<b>21</b>	<b>18</b>	<b>39</b>

## VISION EXAMINATION OF THIRTEEN YEAR OLD CHILDREN

As the vision in a number of 13 year old children examined as special cases, had been found to have sharply deteriorated since the periodic examinations at 11 years old it was decided during 1956 to hold special sessions to test all the 13 year old children in the secondary modern, grammar, and technical schools. 800 children (424 boys and 376 girls) were so examined ; of these, 130 already had spectacles (60 boys and 70 girls). 23 children (9 boys and 14 girls) almost 3%, who had not previously been reported as having defective vision, were found to have vision of 6/12 in either eye or worse for distant vision. Some examples are quoted : deteriorations from 6/9 6/9 in 1954 to 6/18 6/24 in 1956, 6/6 6/6 in 1955 to 6/9 6/36 in 1956 and another 6/6 6/6 in 1954 to 6/24 6/18 in 1956. In 10 children (7 girls and 3 boys) myopia was evident. One child (girl) attended a private optician and had glasses prescribed ; the tables below set out the action taken on the remaining 22 children :

	Boys	Girls	Total
<b>RESULT OF EXAMINATION BY SCHOOL MEDICAL OFFICER</b>			
For observation at school	....	....	—
No further action	....	....	1
Referred to Eye Infirmary	....	....	8
	<b>TOTAL</b>	....	<b>9</b>
			<b>13</b>
			<b>22</b>

### RESULT OF EXAMINATION AT THE EYE INFIRMARY :

Spectacles prescribed	....	....	...	4	9	13
Spectacles not prescribed	....	....	....	2	—	2
For observation at Eye Infirmary	....	....	....	1	1	2
Failed to keep appointment	....	....	....	1	—	1
	<b>TOTAL</b>	....		8	10	18

## COLOUR VISION

During 1956, 1,811 children (926 boys and 885 girls), mainly 11 year olds and 14 year olds who had not been previously tested, were tested by the nurses using the Ishihara Colour Vision Testing Plates and 54 (53 boys and 1 girl) were considered to have defective colour vision ; they included children in both the second and third age groups. Dr. McLauchlan tested 28 of these by the Giles-Archer lantern and a further 35 of the 38 found colour vision defective in 1955 (the other 3 having failed repeatedly to keep appointments). This test distinguishes those whose colour vision is not severe enough to interfere with occupational demands.

The table below sets out the results of the tests :

ISHIHARA TEST RESULTS	Boys	Girls	Total
No. examined ....	926	885	1,811
No. found to have defective colour vision ....	53	1	54
	(5.7%)	(0.1%)	
<b>GIRLS :</b>			
Partially Red-Green Blind ....		1	1
<b>BOYS :</b>			
Partially Red-Green Blind ....	5		
Completely Red-Green Blind ....	32		
Completely Red Blind ....	1		
Partially Irregularly Defective ....	3		
Inconsistent ....	11		
Complete Green Blind ....	1		

RESULT OF GILES-ARCHER LANTERN TEST			
1955		1956	
Safe	Unsafe	Safe	Unsafe
15	20	16	12

## OPERATIVE TREATMENT FOR ADENOIDS AND CHRONIC TONSILITIS

91 school children in maintained schools were known to us to have had their adenoids and/or tonsils removed in 1956, i.e. 0.9% of the school population. Nowadays more children are kept under observation than formerly and there is a greater reluctance on the part of the surgeons to remove tonsils and adenoids ; it is worth recording that 10 years ago, (1946) the number of children known to have had their tonsils and/or adenoids removed was 368 out of a school population of 7,625 (4.8%).

Year	No. of Operations	School Population	Operations per 100 Children
1956	91	10,515	0.9
1955	140	10,306	1.4
1954	155	9,986	1.6
1953	121	9,682	1.2
1952	168	9,272	1.8
1951	213	8,930	2.4

84 school children (39 boys and 45 girls) were known to the department as awaiting tonsil and/or adenoid operation on 31.1.57.

In 1956, as requested by the Ministry, the school doctors during their medical inspection of all children having complete examinations, noted on the medical record cards all who had undergone tonsillectomy any time previously. 630 children—

514 out of 3,945 seen at periodic medical inspections (275 boys and 239 girls) and 116 out of 848 examined at additional periodic medical inspections (64 boys and 52 girls) were recorded as having had tonsillectomy—i.e. 13% of those examined—it is noteworthy that the proportion in the entrants is now very small.

The table below shews the sex and age groups of those children found at periodic medical inspections to have had tonsillectomy.

### Age Groups

5 YEARS		8 YEARS		11 YEARS		14 YEARS		15 YEARS		17 YEARS		TOTAL			
B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	No.	
8	8	994	77	45	1021	95	104	1079	49	42	600	38	40	205	8
16=1.6%		122=12%		199=18%		91=15%		78=38%		8=17%		275		239	3945

### AUDIOMETRIC TESTING

During 1956, 25 children (17 boys and 8 girls) were given audiometric tests. All were examined by a school doctor to ascertain if possible any cause for deafness. The table set out below shews the medical officers' findings and recommendations :

NEEDING ATTENTION	Boys	Girls	Total
Referred to Ear, Nose & Throat Specialists ....	6	4	10
Found to be on waiting list for tonsils and adenoids ....	1	—	1
For observation ....	2	—	2
Recommended appropriate siting in class ....	4	1	5
Recommended treatment at branch clinic ....	1	1	2
Not deaf enough to require action ....	3	2	5
TOTALS ....		17	8
			25

Recommendations of the Ear, Nose and Throat Specialist :

- 2 boys — appropriate siting in class.
- 3 (2 boys and 1 girl)—for tonsils and adenoids operation.
- 1 boy — for observation.
- 4 (1 boy and 3 girls) — classified as Partially Deaf.

### Condition of these ten children at the end of the year :

- and (c) — still under observation.
- All still awaiting operation.
- All provided with hearing aids.

Though not strictly relevant, it is worth noting that an evening class for lip reading instruction was commenced by the Education Committee for hard of hearing and deaf adults in the Autumn term 1956.

**YEAR ENDING 31st DECEMBER, 1956**  
**REPORT OF THE PRINCIPAL DENTAL OFFICER**  
(J. B. Clark, L.D.S., R.C.S., (Edin.) )

Mr. W. Crofts Arkle, L.D.S., R.F.P.S. (Glasg.), who was Principal Dental Officer, died in March, 1956, after an illness of some months, and his passing deeply grieved this department and his associates in Public Health.

Owing to shortage of staff it was necessary to close Whipton Dental Clinic for some months, but with the appointment of Mr. E. C. G. Hunter, L.D.S., R.C.S. (Edin.) it was re-opened on 1st May, 1956. Mr. T. B. H. Wood, B.D.S., (St. And.) was appointed on 1st September, 1956 on which date I also was appointed Principal Dental Officer. By the end of the year therefore we were able to staff three surgeries.

During the period of acute shortage we had for short periods sessional help from three private practitioners, which was appreciated.

By the end of the year work was progressing with the new dental clinic in Tin Lane, St. Thomas, and it was expected to be opened early in 1957.

**Dental Inspections**

The number inspected in school was 5,601 as compared with 5,144 in 1955. The dental officers also inspected 1,769 "specials" in the clinics these being children with toothache or desiring treatment or advice.

Of the 46 school departments in the city the children in 28 were dentally inspected in 1956, and of the remainder all except one school were inspected in the previous year. The number of school departments inspected in one year, is dependant upon the rate the dental officers are able to treat the children referred, since it is considered unwise to delay treatment for long after an inspection.

**Number of Departments inspected**

SCHOOL DEPARTMENTS	1956		1955		1954	
	Inspected	Offered treatment	Inspected	Offered treatment	Inspected	Offered treatment
Nursery ... .. ..	1	1	—	—	1	1
Infants ... .. ..	12	11	6	6	16	16
Junior ... .. ..	8	9	10	9	14	14
Secondary Modern .. ..	4	3	5	6	7	6
Secondary Technical .. ..	1	1	—	—	1	1
Secondary Grammar .. ..	1	1	—	—	2	2
Hospital Special School (Honeylands) .. ..	1	1	1	1	1	1
<b>TOTALS ... ..</b>	<b>28</b>	<b>27</b>	<b>22</b>	<b>22</b>	<b>42</b>	<b>41</b>

### Treatment

The number of fillings made in permanent teeth was 4,040 and in temporary teeth 365; these figures were as high as in the previous year per dental officer working; fillings in 1955 numbered 4,292; in 1954—6,300 and 1953—4,594.

The number of extractions were somewhat less than the previous year, the drop being mainly in temporary teeth, 2,875 against 3,791 in 1955.

Among other operations (listed in Table V) were the following:— 168 children had their teeth scaled, and 32 dental x-rays were taken.

### Orthodontia

Treatment of anomalies was limited to selected cases. At the beginning of the year 91 cases were being treated, 64 new cases were added and 50 were completed, leaving 105 still under treatment at the end of the year. 52 removable appliances were fitted during the year.

### General Remarks

The rate of dental decay continued requiring the usual maximum effort from your dental officers. Nevertheless, year by year we gain more information about dental decay, sugar being pin-pointed by research workers as the main cause. They also tell us decay is worst in the first half hour after eating. Obviously then, the teeth must be cleaned and rinsed after meals; sweets and icing should be reserved for special occasions, and there should be no eating between meals. A good mixed diet containing fruit and fresh vegetables, wholemeal flour and cheese will help to make good teeth, especially if taken by the mother before birth.

Dental anaesthetics were given by Dr. J. Smith, Dr. B. Hinde and Dr. G. McLauchlan, and were much appreciated by the dental staff and patients. Also our thanks are due once again to the head teachers and their staffs for their co-operation through the year.

### Age Distribution of Children Inspected and Referred.

Age in years.	Udr.	5	5	6	7	8	9	10	11	12	13	14	15	16	17	18	Total
No. inspected in schools ...	31	318	690	594	583	523	488	516	543	438	424	243	119	91	—	5,601	
No. referred for treatment ...	13	135	282	237	306	315	302	314	363	305	307	177	79	32	—	3,167	

Number of "Special" Examinations (i.e., "Casuals") = 1,769  
(See also Table V, page 58).

VACCINATION AGAINST SMALLPOX.  
VACCINATION STATE AS OBSERVED DURING COMPLETE  
EXAMINATIONS IN 1956.

Entrants		Second Age Group				Third Age Group				Other Periodic				Special	
Vac.	Not known	Vac.	Not known	Vac.	Not known	Vac.	Not known	Vac.	Not known	Vac.	Not known	Vac.	Not known	Vac.	Not known
507	404	83	622	396	61	333	260	53	743	421	62	524	279	45	
															848
994									646			1,226			
															4,793
Total Vaccinated				...				...				...			
Total Not Vaccinated				...				...				...			
Total Not Known				...				...				...			

57% of all school children examined by complete medical examinations during the year were found to have been vaccinated; 2% more than last year. Only when a satisfactory scar was observed was the child recorded as vaccinated.

**Cleanliness** EXAMINATIONS IN SCHOOLS are carried out by the nurses under the arrangements outlined in my previous reports, viz. : all children in the infant, junior girls, junior mixed and girls secondary modern schools are examined three times a year ; boys in the two junior boys' schools twice a year (one inspection being at the commencement of the autumn term) and girls in the secondary grammar school once a year also at the commencement of the autumn term ; ' follow-up ' visits in all of these schools are done as often as is found to be necessary. All the girls in the girls' grammar school and all the boys in one of the junior boys' school were again found to be clean. Apart from any necessary special ' follow-up ' visits of boys known to have been infested when in the junior schools, the nurses do not so examine boys in the secondary modern, secondary technical or secondary grammar schools.

The total number of children in the schools at the end of the year (estimated 20th January, 1957) was 10,515. The cleanliness examinations numbered 20,431 (slightly fewer than in 1955). The number of individual children found to have nits or vermin in the hair at these examinations was 177 (132 girls and 45 boys) giving an overall rate of 1.7% (2.7% among the girls and 0.8% among the boys). These findings are a further improvement on last year when 205 children (168 girls and 37 boys) out of a school population of 10,306 were found affected. Of the 177 children, 62 (53 girls and 9 boys) were found infested more than once (after allowing a reasonable interval for cleansing) during the year. This is 5 fewer than last year. Unfortunately, the number of boys found infested, again shows an increase over last year's figures, (45 in 1956 and 38 in 1955) whilst the number of girls so found continue to decrease (132 in 1956 and 168 in 1955).

The improvement in head cleanliness can more readily be appreciated if one compares the present findings with those of 20 years ago.

In 1936, about 1 in 9 of all children in the schools were found verminous at least once during the year ; today it is about 1 in 60. Of course, even this is not good enough, and it is sad to reflect that nearly half of those found infested once, were found to be again so at a later inspection. We are reaching the " hard core " of persistent cases. 76 out of the 177 children found to be infested in 1956 had been previously noted as unclean in 1955.

A single nit is regarded as making the child's head unclean. " Sacker " combs are available on loan and for sale at reduced prices ; supplies of preparations containing modern insecticides are provided free of charge. No compulsory cleansing was carried out under Section 54(3) of the Education Act, 1944, and no prosecutions were undertaken.

**TABLE SHOWING INDIVIDUAL CASES OF UNCLEAN HEADS  
FOUND IN 1956 BY AGE GROUPS.**

AGE (at 31.12.56)	HEADS FOUND UNCLEAN						TABLE B. No. of Children in Table A. also found Unclean in 1955	
	TABLE A.							
	ONCE ONLY		MORE THAN ONCE					
	Boys	Girls	Boys	Girls	Boys	Girls		
Under 5	1	6	—	4	—	2		
5	3	5	1	1	1	1		
6	7	13	4	6	3	6		
7	7	10	2	10	1	11		
8	7	6	1	12	3	11		
9	4	7	1	5	2	5		
10	3	5	—	8	1	8		
11	3	5	—	—	2	1		
12	1	4	—	6	1	6		
13	—	9	—	—	—	3		
14	—	6	—	1	—	5		
15	—	3	—	—	—	3		
<b>TOTAL</b>	<b>36</b>	<b>79</b>	<b>9</b>	<b>53</b>	<b>14</b>	<b>62</b>		

TOTAL .... 177 (1956) = 1.7% of all school children.

**PARENTS' ATTENDANCES AT COMPLETE  
EXAMINATION**

AGE GROUP	No. of Children examined.	No. of Parents present.	Percentage
PERIODIC .... .... .... (5 year olds)	994	936	94%
OTHER PERIODICS .... .... (8 year olds)	1,021	907	89%
PERIODIC .... .... .... (11 & 12 year olds)	1,079	813	75%
PERIODIC .... .... .... (14 year olds)	600	224	37%
OTHER PERIODICS .... .... (15 year olds)	205	50	24%
PERIODIC .... .... .... (17 year olds)	46	6	13%
SPECIALS—ALL AGES .... (Complete)	848	623	73%
<b>TOTAL 1956 ....</b>	<b>4,793</b>	<b>3,559</b>	<b>74%</b>
<b>TOTAL 1955 ....</b>	<b>3,674</b>	<b>2,772</b>	<b>75%</b>

## SCHOOL CLINICS

The location of the school clinics and the attendances were as follows :

	Attendances		
	1954	1955	1956
Central Clinic, 1A Southernhay West ....	3,480	2,628	2,107
Western Clinic, Buddle Lane Community Centre, Merrivale Road .... ....	1,606	854	1,211
Eastern Clinic, Burnthouse Lane Community Centre, Shakespeare Road ....	3,093	3,068	3,218
Whipton Health Clinic .... .... ....	1,931	1,548	1,675
Stoke Hill Clinic .... .... ....	426	2,629	2,743
<b>TOTALS</b> .... ....	<b>10,536</b>	<b>10,727</b>	<b>10,954</b>

The above clinics serve both as minor ailment clinics and inspection clinics ; general medical consultations in the central clinics are not included above.

Dental Clinics	Attendances		
	1954	1955	1956
Central Clinic, 1A Southernhay West ....	6,213	4,762	4,735
Whipton Health Clinic .... .... ....	2,717	2,273	1,550
<b>TOTALS</b> .... ....	<b>8,930</b>	<b>7,035</b>	<b>6,285</b>

The central school clinic and the dental clinics are open every week-day (excluding public holidays) all the year round. The branch clinics are open every school-day during the terms. The overall attendance continues to increase slightly, but owing to the small number of children attending the Western Clinic it was decided to close it as from the 31st December, 1956, it had been in use (as has Shakespeare Road Clinic) since September, 1939.

There can be no doubt that these clinics now cater mostly for defects of a less severe nature than was the case when they were first opened. Nevertheless, they serve a useful purpose not least for those children who might not otherwise get the treatment they need. Of course any child can get any treatment it needs through its own family doctor.

**TABLE SHOWING THE INCIDENCE OF "MINOR AILMENTS"  
TREATED DURING 1956 IN CLINICS.**

DEFECT	Central	Eastern	Western	North- ern	Stoke Hill	Grand Total 1956	Grand Total 1955
Ringworm : Scalp ....	—	—	1	1	—	2	—
Body ....	1	—	1	1	—	3	—
Eye Defects—(including visual errors, etc.) ....	45	75	20	27	25	192	204
Ear Defects—(including wax, otorrhea, etc.) ....	116	96	32	37	18	299	292
Nose and Throat Defects	30	28	11	10	3	82	71
Impetigo ....	2	17	3	9	—	31	18
Warts : Plantar ....	33	8	5	12	1	59	32
Other ....	37	26	9	44	29	145	151
Other skin conditions ....	89	40	16	40	32	217	283
Miscellaneous—(Minor Injuries, etc.) ....	227	413	163	241	463	1,507	1,332
Total No. of individual children ....	580	703	261	422	571	2,537	2,383
Total No. of attendances	2,107	3,218	1,211	1,675	2,743	10,954	10,727
Total No. of sessions ....	307	201	201	201	201	1,111	1,092

When a child has been treated at the one time for more than one defect the more important has been listed.

### **EYE INJURIES**

At the suggestion of Mr. Dykes Bower (ophthalmic surgeon) the head teachers were asked in the autumn term to make children aware of the risks of causing permanent eye injury by throwing missiles about—e.g. by using catapults, throwing stones or packed snowballs, carelessly handled fireworks, etc. Every year in the West of England Eye Infirmary are seen a few people who lose an eye because of such thoughtlessness. Mr. Dykes Bower tells me that he believes there have been fewer severe eye injuries over the last winter. Such educational effort needs constant reinforcement.

TABLE SHEWING THE NUMBER OF HANDICAPPED  
PUPILS IN SPECIAL SCHOOLS OR HOMES AS AT  
31st JANUARY 1957.

DISABILITY	Total No. of children classified as handicapped as at 31-1-57	SPECIAL SCHOOL OR HOME	RESD.		NON RESO.		Total No. of children attending Special Schools or Homes	Total No. of children awaiting admission to Special Schools or Homes
			B.	G.	B.	G.		
BLIND	3	Sunshine Home, Abbotskerswell ....	1	—	—	—	3	—
		Royal School of Industry for the Blind, Bristol ....	1	—	—	—		
		Seal, Sevenoaks, Kent ....	1	—	—	—		
PARTIALLY SIGHTED	14	West of England School for the Partially Sighted, Exeter .... .... ....	—	1	5	8	14	—
DEAF	2	Royal West of England School for the Deaf, Exeter .... .... ....	—	—	2	—	2	—
PARTIALLY DEAF	6	Royal West of England School for the Deaf, Exeter .... .... ....	—	1	4	1	6	—
PHYSICALLY HANDICAPPED	40	John Capel Home, Essex	—	1	—	—	2	1
		Dame Hannah Rogers Sch. for Spastics, Ivybridge .... .... ....	—	1	—	—		
EPILEPTIC	1	Chalfont Colony, Bucks	—	1	—	—	1	—
EDUCA-TIONALLY SUBNORMAL	226	All Souls' Special School, Hillingdon, Middlesex.	—	1	—	—	17	84
		St. Christopher's School, Bristol .... .... ....	1	—	—	—		
		Bradfield Special School, Devon .... .... ....	3	—	—	—		
		Wokingham High Close School, Berks .... .... ....	—	1	—	—		
		St. Thomas More's School, Devon .... .... ....	2	—	—	—		
		Withycombe Hse. Special Sch., Exmouth, Devon	—	7	—	—		
		Maristow Hse., Plymouth	1	—	—	—		
		Kingsdon Manor Special School, Bristol ....	1	—	—	—		
DELICATE	95		—	—	—	—	—	—
MALADJUSTED	141	Finchden Manor, Kent ....	1	—	—	—	8	—
		Horncastle Sch., Sussex	1	—	—	—		
		Alresford Place School, Hants .... .... ....	1	—	—	—		
		Frensham Heights School, Surrey .... .... ....	1	—	—	—		
		Hillaway, Devon .... .... ....	—	1	—	—		
		Crichel Hostel, Devon ....	1	—	—	—		
		Mountstephen Hostel, Devon .... .... ....	—	1	—	—		
		Monkton Wilde School, Dorset .... .... ....	—	1	—	—		
DEFECTIVE SPEECH	131		—	—	—	—	—	—
TOTAL	659		16	17	11	9	53	85

With increasing knowledge and medical care we expect less and less blindness, deafness and physical handicap of major degrees; the figures in Exeter are too small to draw conclusions.

## HANDICAPPED PUPILS

### Educationally Sub-normal Pupils

During the year 92 children (51 boys and 41 girls) were examined by the school medical officers in regard to educational subnormality and mental development. Many of them had already been examined by the educational psychologist. The following recommendations were made :

RECOMMENDATION	BOYS			GIRLS			TOTAL	REMARKS
	Infs.	Jnr.	Snr.	Infs.	Jnr.	Snr.		
SECTION 34 : Special education in an ordinary school.	2	15	2	—	18	2	39	(13 (3 boys & 10 girls) attend adjustment classes).
Education in a special day school.	1	3	2	—	3	3	12	Remained in own schools (2 girls) attend adjustment classes.
Education in a special residential school.	1	—	1	—	—	3	5	3 (2 boys & 1 girl) placed in special schools.
SECTION 57 (3) : Permanently excluded from school.	1	—	—	3	—	—	4	2 (girls) attend Health Committee's (Day) Occupation Centre.
SECTION 57 (4) : Education in ordinary school inexpedient.	—	—	—	—	—	—	—	
SECTION 57 (5) : Notified to Health Services Committee for statutory supervision on leaving school.	—	—	1	—	—	5	6	All placed under statutory supervision.
Not considered to require statutory supervision on leaving school.	—	—	22	—	—	4	26	
	<u>5</u>	<u>18</u>	<u>28</u>	<u>3</u>	<u>21</u>	<u>17</u>	<u>92</u>	
				<u>51</u>		<u>41</u>		

As already stated in my previous reports, the recommendations made in relation to education are based on what is considered desirable and not what is practicable in Exeter but, of course, what is practicable is what is done. Residential care has usually been advised because of severely adverse home conditions or exceedingly disturbed behaviour. Three children were admitted to special residential schools for educationally subnormal children during the year.

Our greatest problem is the placing in suitable residential schools, educationally subnormal boys of 11 years and over ; fortunately, the numbers concerned are quite small.

It is generally considered that about 7% of all school children are educationally subnormal. In the city 226 are at present formally classified in this group—i.e. about 2%. 84 have been recommended for day special schools but we have none, and our adjustment classes are an effort to meet this deficiency—catering for the educationally subnormal child who is not matching his capacity by his achievement.

**Adjustment Classes.** A full account on the progress of these classes will be found as an appendix at the back of this report.

### PHYSICALLY HANDICAPPED CHILDREN.

There are 39 physically handicapped pupils known to the department : (there were 37 in 1955). Their age grouping, sex distribution, mode of education and ability to play games and take part in ordinary physical exercises are set out in the table. Only 1 child (boy—cerebral palsy) for whom residential accommodation was necessary, was awaiting admission to a special school at the end of the year.

	SEX	AGE GROUP			EDUCATION				Able to take P.T. and Games	
		Boys	Girls	Under School Age	Infs.	Jnrs.	Not at School Age	In Special School	In Training College	
1. Cerebral Palsy	...	7	3	—	2	4	—	—	—	—
2. Heart : Congenital	...	5	2	—	2	4	—	—	—	4
Rheumatic		1	2	—	—	1	2	—	—	6
3. T.B. Joints	...	—	4	—	—	3	1	—	—	4
4. Poliomyelitis Sequelae	...	—	1	4	—	2	1	—	—	3
5. Other Congenital Defects	...	1	5	—	2	2	—	—	—	1
6. Miscellaneous	...	—	2	—	—	3	—	—	—	1
TOTAL	...	17	22	—	8	19	12	—	3	18
								—	33	21
										18

Four of the above cases are provided with transport to and from school including 1 girl who attends the school for the partially sighted. One child attends school in the mornings only.

### EPILEPTICS

There are one girl aged 13 years (in a colony school) and one boy aged 15 years (in a mental hospital) who are epileptics but are not in ordinary schools, and there are 16 boys and 16 girls who are known epileptics attending ordinary schools in the city. 14 new cases (8 boys and 6 girls) were reported during the year : this is attributable to more persistent and careful enquiries made by the department about children known to be having sedative drugs. It does not represent a true increase. Minimum restrictions are placed on the activities of all these children : high gymnastic work and swimming in school parties are however, barred.

Sex	Total	AGE				EPILEPSY			Has been in special school	Attending special school	Have had hospital investn.	Satisfactory medication
		5-7	7-11	11-15	Ov'r 15	Min'r	Maj'r	Both minor and major				
Boys	17	1	8†	7	1‡	7	8	2	—	—	17	16
Girls	17	2	8	7	—	9	6	2	2*	1	17	16

\*1 girl who at one time was in Lingfield Colony School and has returned home greatly improved and has now been in an ordinary school for the past 4 years ; the other girl was in hospital being psychiatrically disturbed, she has also greatly improved and has been attending an ordinary school normally for over a year.

†Included in the above table is 1 boy who is also a case of cerebral palsy and is awaiting interview for admission to Dame Hannah Rogers School for Spastics, Ivybridge, Devon.

‡Excluded from school owing to psychotic disturbances and is in hospital.

INTELLIGENCE QUOTIENT.					
		60-70	70-85	85 and over	Apparently not retarded
Boys	...	—	1	1	15
Girls	...	2	2	3	10

### Medical Examination of Entrants to Courses of Training for Teaching and to the Teaching Profession — Ministry of Education Circular 249

In accordance with instructions contained in the above Circular, 65 students (38 women and 27 men) and 2 teachers (1 woman and 1 man) had complete medical examinations with radiographic examinations during the year in regard to their fitness for the teaching profession.

### TUITION IN HOSPITALS

Education of children of school age in the Royal Devon and Exeter and the City Hospitals, where it is considered desirable, has been provided by the Committee since 7th May, 1956. This covers both County and City children in the hospitals. Unfortunately, owing to the illness of the teacher appointed to this work, no tuition was possible from 1st September, 1956, until 7th January, 1957, when another teacher was appointed. The total teaching time in the 2 hospitals is 7 sessions of 2 hours per week (shared).

The following Exeter children were receiving education on the 31st January, 1957. The number of County children exceeds the number of City children.

	Boys				GIRLS				TOTAL
	5-7	8-10	11-14	Over 15	5-7	8-10	11-14	Over 15	
Royal Devon and Exeter Hospital Exeter. (General Hospital).	—	1	2	—	—	1	—	—	4
City Hospital, Heavitree Rd., Exeter. (General Hospital).	2	1	1	—	—	—	—	—	4
Digby — Wonford Hospital, Nr. Exeter. (Mental Hospital).	—	—	—	*1	—	—	—	—	1
<b>TOTAL</b> ..	<b>2</b>	<b>2</b>	<b>3</b>	<b>1</b>	<b>—</b>	<b>1</b>	<b>—</b>	<b>—</b>	<b>9</b>

\*This boy is having 2 sessions of 2 hours tuition per week.

There are Hospital Special Schools in the Princess Elizabeth Orthopaedic Hospital and Angela Home (9 children attending) and also Honeylands Children's Sanatorium (14 Exeter children).

### HOME TUITION

During the year, 9 new cases and 3 cases continuing from last year received home tuition arranged by the authority under Section 56 of the Education Act, 1944.

#### New Cases :

rheumatism (2 boys and 1 girl) ;  
severe maladjustment, subsequently admitted to a residential school (1 boy) ;  
acute nephritis (2 girls) ;  
fractured leg (1 boy) ;  
ringworm of scalp (1 boy) ;  
multiple congenital defects (1 girl).

4 of these children were able to resume normal schooling after a period of home tuition.

#### Old Cases :

asthma (1 girl) ;  
congenital heart disease (1 boy) ;  
maladjusted and epileptic (1 boy).

The total cost of this service for the financial year ended 31.3.1956 was £594 16s. 3d.

## TRANSPORT

Transport for ambulant handicapped children attending schools in the city continued during 1956 although only 1 new case was reported during the year; transport for 7 children (6 girls and 1 boy) from 1955 was continued during 1956. In 3 of these cases transport ceased during the year but in the remaining 4 cases it was continued throughout the whole year—because of spastic paralysis 3 (girls) and muscular weakness following A.P.M. 1 (boy).

## SCHOOL LEAVING REPORTS

During 1956, 41 reports were sent to the family doctors on children leaving school who were handicapped or had defects of any important medical history.

Close contact with the Youth Employment Officer regarding suitable employment for the handicapped child continued and in all 66 children were reported to him during the year. The tables set out the main defects of these 66 children.

### REPORTED ON FORM Y.9.

Children for whom special consideration about employment was desirable on account of the medical history.

MAIN DEFECT	Boys	Girls	Total
General condition below average .... ....	13	5	18
Defective vision .... .... ....	3	1	4
Abnormal chest conditions .... .... ....	4	1	5
Educationally subnormal .... .... ....	13	1	14
Orthopaedic conditions .... .... ....	3	2	5
Ear conditions .... .... ....	1	1	2
Epilepsy .... .... ....	—	1	1
Maladjustment .... .... ....	3	—	3
Miscellaneous .... .... ....	5	—	5
TOTAL ....	45	12	57

13 boys had more than one major defect.

### REPORTED ON FORM Y.10.

Children for whom registration as disabled persons was considered desirable : parental consent necessary. (Disabled Persons' Employment Act 1944).

MAIN DEFECT	Boys	Girls	Total
Educationally subnormal .... .... ....	1	—	1
Severe deafness .... .... ....	3	—	3
Defective vision .... .... ....	2	—	2
Abnormal chest conditions .... .... ....	—	2	2
Orthopaedic condition .... .... ....	—	1	1
TOTAL ....	6	3	9

### EMPLOYMENT OF SCHOOL CHILDREN

During the year 200 children (157 boys and 43 girls) were granted licences for part-time employment after being medically examined in accordance with the Authority's Bye-laws. One boy was allowed to do a newspaper round only after the mother promised to ensure he went to bed at a reasonable time. One girl was refused a licence owing to her poor general physical condition. Another girl attending an independent school in the city was given permission to appear in the local pantomime. 129 children (104 boys and 25 girls) were also re-examined after working between 3 and 6 months. No evidence of any ill effect was observed.

The relevant Bye-laws remained unchanged and were detailed in my 1954 report. The Director of Education's department is responsible for ensuring that no children are employed without licences and that the terms of the licences are strictly observed.

TYPE OF EMPLOYMENT (New Cases)	Boys	Girls
Delivery of newspapers	120	26
Delivery of groceries	8	—
Delivery of meat	15	—
Delivery of milk	3	—
Shop assistants (mostly at multiple stores)	—	10
Miscellaneous	11	7
<b>TOTAL</b>	<b>157</b>	<b>43</b>

### CHILD GUIDANCE REPORT FOR 1956

(Report by Dr. H. S. Gaussen Psychiatrist-in-charge).

In 1957 Mrs. Lewis, Miss Hunt and I will have completed 10 years as a Child Guidance team in the service of the City. In eight schools we are in the fourth year of Adjustment Classes. Our aim has been both to spread ideals of mental health in the family, and to treat maladjusted children when they are referred to us. In the long run the prevention of ill-health by attainment of positive well-being is more rewarding than treating diseases already established. For convenience, we separate ills of the mind from those of the body, but I am certain the same rule applies to the whole man — "Prevention is better than cure."

How does this apply to the healthy minds of children? In my opinion, there are certain conditions which must be fulfilled before full, normal development can be expected, just as the body will not grow without adequate varied diet, clean water, exercise, fresh air etc. The first and most important environmental factor is the integrity of the family. Without the family setting natural

growth is impossible ; and breaks or distortions in the family are followed by abnormalities in the child. Not that parents can be perfect but the family is rather like the soil in which a plant grows—it may vary within wide limits but neither plant nor child can grow without roots. This search by the child for the nourishment and security, which he must have, goes on from the moment of birth. Many of the symptoms we see are due to lack of nurture, a faulty emotional diet (so to speak) or the insecurity which does not provide any point from which the child can make an advance.

After the family comes the school, providing the opportunity to learn all the skills the child will need if he is to live in our society, and introducing the growing mind to the stored experience of our race. The growth started in the family is carried on, widened and organized in the school. Here again, possibilities of disaster are inevitable. But the most important factor is that school and home should pull the same way. Just as, from birth, the child sought for nourishment and security so, at school, the child should seek for mental food and the security which comes from feeling he is part of his culture. The desire to learn is part of life—it is a healthy appetite which must be fed with the foods suitable for the stage of growth.

The third condition of healthy and whole development, without which distortions and diseases will appear, is that the child must be able to form moral ideas and spiritual ideals. Consciousness is being formed and expanded throughout the years of growth and must have access to goodness, beauty and truth. An atmosphere of hate or bitterness will maim, just as surely as lack of sunlight. How often do we see parents complaining of conduct in their children of which they themselves are guilty. If we could but see ourselves as our children see us !

Improvement in the mental hygiene of our society is the best and quickest way to combat and prevent the onset of nervous and mental disease. We need to start with the rising generation.

### CHILD GUIDANCE CENTRE— STATISTICAL RETURN FOR 1956

#### TABLE A

1. Number of cases on the books on 31st December, 1955	119
2. Number of cases awaiting investigation on 31st December, 1955	10
3. Number of cases investigated but awaiting treatment on 31st December, 1955	34
4. Number of new cases referred during 1956	74
<i>Source of Reference :</i>	
(a) Juvenile Court	4
(b) School Medical Officers	22
(c) Private Doctors	11
(d) Head Teachers	13
(e) Parents	14
(f) Others	10

5.	Number of old cases re-opened during 1956 ....	2
	1 because mother reported that nervous symptoms had returned ;	
	1 because aunt reported that the boy had been stealing.	
6.	Number of new cases investigated during 1956	69
7.	Number of other cases investigated during 1956	2
	<i>Summary of Recommendations :</i>	
	Diagnosis and advice only needed ....	7
	Periodic survey and superficial treatment ....	13
	Residential placement advised ....	3
	Immediate long term treatment by Psychiatrist ....	7
	Immediate long term treatment by Psychologist ....	5
	Placed on treatment waiting list ....	23
	Placed on treatment supervision list .... (after 1-4 interviews)	13
8.	Number of cases treated for the first time during 1956	60
9.	Total number of children seen during 1956 ....	185
10.	Total number of attendances during 1956 ....	973
11.	Total number of cases discharged during the year ....	73
	<i>Reason for Discharge :</i>	
	(a) Treatment completed (see below) ....	32
	Satisfactory ....	13
	Improved ....	19
	No change ....	—
	Worse ....	—
	(b) Unsuitable for treatment .... (because child did not wish to attend)	1
	(c) Defaulted ....	7
	(d) Left city ....	25
	(e) Other reasons ....	8
12.	Number of cases remaining on the books on 31/12/56 ....	122
13.	Number of new cases awaiting investigation on 31/12/56	9
14.	Number of new cases investigated but awaiting treatment on 31/12/56 ....	29

N.B.—16 cases were closed after investigation or whilst awaiting treatment.  
6 cases were closed before investigation was completed.

### CHILD GUIDANCE CENTRE— STATISTICAL RETURN FOR 1956

#### TABLE B

Total number of sessions :	Psychiatrist .....	(4 per week)
	Psychologist .....	(4 per week)
	Psychiatric Social Worker	(Full time)

#### INTERVIEWS :

##### PSYCHIATRIC.

(i) Diagnostic ....	....	....	....	....	70
(ii) Parents and others ....	....	....	....	....	221
(iii) Remedial treatment ....	....	....	....	....	424

(iv)	Home Visits	....	....	....	....	2
(v)	Other Visits	....	....	....	....	2

## PSYCHOLOGIST.

(i)	Diagnostic and testing	....	....	....	....	75
(ii)	Parents and others	....	....	....	....	158
(iii)	Remedial treatment	....	....	....	....	424
(iv)	Visits	....	....	....	....	35
		(a) To School visits (re C.G. cases only)	....	....	....	33
		(b) Home Visits	....	....	....	2

It is customary for the Psychologist when visiting any school for educational purposes, to enquire briefly after all Child Guidance cases in the School.

## PSYCHIATRIC SOCIAL WORKER.

(i)	Therapeutic interviews at Centres	....	....	....	....	695
(ii)	Remedial treatment	....	....	....	....	163
(iii)	Visits	....	....	....	....	114
	(a) School Visits	....	....	....	....	5
	(b) First Visits to homes	....	....	....	....	54
	(c) Subsequent visits to homes	....	....	....	....	55
(iv)	Other Visits	....	....	....	....	33
(v)	Interviews with other Social Workers	....	....	....	....	56

## CHILDREN UNDER TREATMENT ON 31/12/56.

Regular treatment by Psychiatrist	....	....	....	11
Regular treatment by Psychologist	....	....	....	10
Regular treatment by Psychiatric Social Worker	....	....	....	3
Treatment waiting list Psychiatrist and Psychologist	....	....	....	29
Superficial treatment by Psychiatrist	....	....	....	3
Superficial treatment by Psychologist	....	....	....	3
Survey whilst residentially placed	....	....	....	—
Kept open, but no active treatment at present	....	....	....	54

## SPEECH THERAPY REPORT

(Report by Miss J. A. Jackson L.C.S.T.)

(Miss Jackson took up her appointment at the beginning of the year).

I have visited 18 schools during the year and hope to visit the remainder early in 1957. I have also visited the Community Centre and Honeylands Sanatorium. The head teachers and staff have all been very helpful. When most of the children come during school hours for treatment, co-operation with the schools is a big factor in securing satisfactory treatment.

Each centre is in effect self sufficient, though of course the tape recorder is only available at the centre in Pilton House and the audiometer is kept at the Central School Clinic.

As may be seen from the figures given below, multiple dyslalia is the most common defect being treated in the clinics at present. The majority of children with this defect are in the junior age group. This presents quite a problem—these children, by nature of their speech defect, name objects and say words incorrectly,

therefore, they are unable to recognise words in reading, and will write and spell incorrectly also. An example is given by a 7 year old boy with this defect who uses, amongst other substitutions, 'd' for 'th.' The boy's teacher recently showed me some writing of his, in which for every 'th' sound, a 'd' had been written. In nearly every case of multiple dyslalia referred to me, I find, on obtaining a report from the school, that the child is weak in reading, spelling, and writing. If these children can be seen by the speech therapist as early as possible, preferably in the pre-school stage, or soon after entering school at 5 years, much of this difficulty can be avoided. Every child in the process of normal speech development, passes through the stages of "baby talk" and "stammering" and most children would not, of course, be referred. In my view a 4 year old child with defective speech should be referred to the speech therapist, because parents can often be helped substantially at this stage in their management of the child.

The tape recorder has been used a good deal during the year, and continues to prove valuable. Most dyslalic children have had an opportunity of hearing their speech and progress. Subsequent recordings have been found to be a source of great encouragement, especially in some cases of stammering. At the outset a speech defective child may not be aware that his speech is in any way unusual; the tape recorder helps in showing him some of the faults to be corrected.

In last year's report, the large waiting list at Whipton Health Clinic was mentioned: this has now considerably decreased and although there are 42 on the waiting list at the end of the year, the numbers waiting are more or less even for each of the five clinics.

In the Autumn, the weekly session formerly held at Countess Wear Junior School was transferred to the new Countess Wear Health Centre. The move has been beneficial to both the children attending, and their parents.

#### Analysis of the cases treated during the year and their progress:

DEFECT	Having treatment 1-1-56	Admitted	Total No. treated	DISCHARGED		STILL ON LIST			Remaining under care 31-12-56	
				Cured	Left before treatment complete	Under observation	Regular Attendance	Improved		
Stammering	14	17	31	5	2	16	8	21	3	24
Simple Dyslalia	7	13	20	8	2	4	6	10	—	10
Multiple Dyslalia	25	17	42	4	1	13	24	37	—	37
General Dyslalia	4	5	9	2	1	1	5	6	—	6
Language Defects	1	—	1	—	—	—	1	1	—	1
Dysphonia	1	—	1	—	—	—	1	1	—	1
Dysarthria	2	—	2	—	—	—	2	1	1	2
Cleft Palate	6	—	6	2	1	1	2	3	—	3
Hyper-rhinophonia	2	2	4	—	—	2	2	4	—	4
Lip Reading	—	1	1	—	—	—	1	1	—	1
<b>TOTALS</b>	<b>62</b>	<b>55</b>	<b>117</b>	<b>21</b>	<b>7</b>	<b>37</b>	<b>52</b>	<b>85</b>	<b>4</b>	<b>89</b>

**Analysis of the cases treated during the year (Grouped by age, sex and defect).**

DEFECT	Total treated.	PRE-SCHOOL		INFANTS		JUNIOR		SENIOR		Severely handicapped children not at school	
		Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Stammering	31	—	—	2	—	8	2	18	1	—	—
Simple Dyslalia	20	—	—	2	1	9	3	3	2	—	—
Multiple Dyslalia	42	—	—	12	4	18	6	1	1	—	—
General Dyslalia	9	4	1	4	—	—	—	—	—	—	—
Language Defects	1	—	—	—	—	—	1	—	—	—	—
Dysphonia	1	—	—	—	—	—	—	—	1	—	—
Dysarthria	2	—	—	—	1	—	1	—	—	—	2
Cleft Palate	6	—	—	2	2	—	—	1	—	1	—
Hyper-rhinophonia	4	—	—	—	—	2	2	—	—	—	—
Lip Reading	1	—	—	—	—	—	1	—	—	—	—
<b>TOTALS</b>	<b>117</b>	<b>4</b>	<b>1</b>	<b>22</b>	<b>8</b>	<b>37</b>	<b>16</b>	<b>23</b>	<b>5</b>	<b>1</b>	<b>2</b>

In Dyslalia one sound is substituted for another.

In Dysphonia the pitch of the voice is affected.

In Dysarthria there is difficulty in articulation.

In Hyper-rhinophonia the speech is excessively nasal.

### INFECTIOUS DISEASES

**Incidence of certain Infectious Diseases other than Tuberculosis in 1956 in children (Exeter Residents) 5-15 years of age.**

(Corrected for change of diagnosis).

	DISEASE				BOYS	GIRLS
Scarlet Fever	...	...	...	...	35	22
Whooping Cough	...	...	...	...	16	13
Measles	...	...	...	...	100	101
Pneumonia	...	...	...	...	2	6
Dysentery	...	...	...	...	17	14
Food Poisoning	...	...	...	...	1	2
Poliomyelitis (Paralytic)	...	...	...	...	—	—
(Non-Paralytic)	...	...	...	...	—	—
Meningococcal Infection	...	...	...	...	—	1
Diphtheria	...	...	...	...	—	—
*Gastro-enteritis	...	...	...	...	5	6
*Tonsillitis	...	...	...	...	4	—

\*Not notifiable : the figures refer to cases known to the department, mainly by informal notification.

With the exception of one child all the cases of measles were notified in the first half of the year and 38 of the 57 scarlet fever cases occurred in the final quarter. All but one of the dysentery cases also occurred during the first half of the year (these figures do not include those subsequently found to be carriers only). Whooping Cough was rather less prevalent than in 1955.

**SCABIES****YEARLY INCIDENCE OF SCABIES, 1950 - 1956.**

Year.	Families.	Cases.	School Population.
1956	1	2	10,515
1955	4	8	10,306
1954	—	—	9,986
1953	1	2	9,682
1952	4	6	9,272
1951	4	13	8,930
1950	3	4	8,593

**TUBERCULOSIS****School Children (5-15 years of age) suffering from Tuberculosis whether in Maintained or Independent Schools.****On Register as at 1st January, 1956.**

	Pulmonary		Bones & Joints		Cervical Glands		Meninges		Others		Total	
	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.
Children attending maintained primary and secondary schools ....	27	14	—	5	3	2	—	1	1	1	31	23
Children attending special schools .... ....	4	—	—	—	—	1	—	—	—	—	4	1
Attending independent schools .... ....	1	—	—	—	—	—	—	—	—	—	1	—
Children in Hospital ....	—	—	—	—	—	—	—	—	—	—	—	—
<b>TOTALS ....</b>	<b>32</b>	<b>14</b>	—	<b>5</b>	<b>3</b>	<b>3</b>	—	<b>1</b>	<b>1</b>	<b>1</b>	<b>36</b>	<b>24</b>

**Changes during 1956.**

	Pulmonary		Bones & Joints		Cervical Glands		Meninges		Others		Total	
	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.
New notifications during 1956 .... ....	5	2	—	1	—	—	2	—	1	—	8	3
Inward transfer ....	—	1	—	—	—	—	—	—	—	—	—	1
Notified children reaching school age during the year .... ....	—	1	—	—	—	—	—	—	—	—	—	1
<b>TOTALS ....</b>	<b>5</b>	<b>4</b>	—	<b>1</b>	—	—	<b>2</b>	—	<b>1</b>	—	<b>8</b>	<b>5</b>
Cases leaving school during the year .... ....	—	—	—	—	—	—	—	—	—	—	—	—
Deaths .... ....	—	—	—	—	—	—	1	1	—	—	1	1
Cases removed from register .... ....	2	—	—	—	—	2	—	—	—	—	2	2
<b>TOTALS ....</b>	<b>2</b>	—	—	—	—	<b>2</b>	<b>1</b>	<b>1</b>	—	—	<b>3</b>	<b>3</b>

## On Register at 31st December, 1956.

	Pulmonary		Bones & Joints		Cervical Glands		Meninges		Others		Total	
	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.
Children attending maintained primary and secondary schools	33	15	—	6	3	1	1	—	2	1	39	23
Exeter children attending Honeylands Special Sch.	1	2	—	—	—	—	—	—	—	—	1	2
Attending independent schools	1	1	—	—	—	—	—	—	—	—	1	1
Children in Hospital	—	—	—	—	—	—	—	—	—	—	—	—
<b>TOTALS</b>	<b>35</b>	<b>18</b>	—	6	3	1	1	—	2	1	41	26

## General Remarks

## New Notifications — 5-15 age group

11 new cases were diagnosed during 1956 (the same number as in 1955) and 2 previously notified cases came within the orbit of the School Health Service (one by inward transfer, one reaching school age).

Of the 4 new non-respiratory cases 2 were cases of tuberculous meningitis, one was due to family infection, in the other no recognised infecting case was found; 1 was of abdominal tuberculosis and 1 was of T.B. spine (attributed to human infection in the family). Of the 7 respiratory cases 2 were diagnosed by the chest physician as the result of in-patient treatment after admission for other causes (measles and pneumonia at aged 7 years, measles with pleural effusion at aged 9 years), while the 5 remaining cases were discovered by contact examinations—3 by mass radiography in schools and 2 by examinations at the clinic. In all cases the appropriate treatment has been given.

Both of the tuberculous meningitis notifications appeared to be "out of the blue" but in one instance (unhappily a fatal case) examination of the family revealed that the father was a sputum positive case (previously unrecognised), while 3 other members of the family (one adult, one school child and one pre-school child) were affected in different degrees. Interestingly enough a child aged 7, of this family who has been in the care of the Children's Department from 2 months of age was tuberculin negative. Another grown up brother in the Army was also clinically negative. Thus of 9 persons in the household 5 were affected. For the other no definite source has been traced, nevertheless the family history is significant; the child's grandfather and uncle had died from tuberculosis before he was born; curiously enough his maternal grandmother died from carcinoma of the bronchus (confirmed radiographically) three weeks after the child's disease was diagnosed.

## Deaths

During the year 2 school children have died of tuberculous meningitis — one as discussed above — while the other was a child diagnosed in 1955, and who had been in various hospitals ever since.

## PREVENTION OF TUBERCULOSIS

### Special School Surveys

During 1956, 3 special surveys were carried out :—

1.—The first involved a group of 3 schools (infants, junior girls and junior boys) (in all 847 children) after a school meals worker at a canteen serving these three schools had been found to be suffering from pulmonary (sputum positive) tuberculosis ; 2 children were found to be suffering from pulmonary tuberculosis and were admitted to hospital for treatment. In both cases, however, there was a strong household history of tuberculosis as well, and both children were known to the Chest Clinic, the exposure to infection at home having been of long duration. 4 other school children are being kept under observation by the chest physician as a result of the survey : two of these have been admitted to Honeylands Hospital.

2.—The next was made at a residential special school for deaf and partially deaf children (with 161 pupils and 24 staff) following the notification of a day pupil (boy) as a case of tuberculous meningitis (which proved fatal). Fortunately, nothing of significance was discovered at the school, the source of infection being traced to the home by the chest physician, as described above.

3.—The third survey was of a boy's grammar school after a boy of 18 years was found to be suffering from pulmonary tuberculosis (sputum positive) in April, 1956. The source of his infection has not been traced despite great effort. The top classes (115 boys) in this school were offered mass miniature radiography in June, 1956 and 1 further case of pulmonary tuberculosis was found and admitted to hospital for treatment. Subsequently, 2 more boys from this group were diagnosed in August, 1956 as suffering from tuberculous pleural effusion (1 whilst on holiday in Germany) ; both were admitted to hospital. It was then decided to offer mass miniature radiography and tuberculin testing to all the boys in the school, including those boys x-rayed earlier in the year, and to the teaching staff and all other staff employed at the school were offered x-ray (535 boys and 40 staff) ; I am glad to say that apart from 8 boys, who are to be x-rayed by the chest physician during 1957, all the boys and staff were so examined (November—December, 1956). This splendid response can be attributed to the support we received from the head master. Letters were also sent to all the pupils and staff who had left the school since September, 1955, advising them to have an x-ray of chest when the mass miniature radiography unit was next in their district. No further cases were discovered as the result of this investigation, but 7 cases have been kept under observation by the chest physician, one of them being admitted to hospital in April, 1957, for further investigations as : ? tuberculosis : ? bronchiectasis, and 2 were subsequently confirmed as non-tuberculous, one of them being a case of bronchiectasis.

In the same school a boy under observation by the chest physician after a suspicious x-ray taken in September during the routine testing under the annual B.C.G. scheme, was notified in January, 1957 as suffering from pulmonary tuberculosis (negative sputum) and was admitted to hospital. In all, therefore, 5 cases of pulmonary tuberculosis (including 2 pleural effusions) have been notified from this school ; 2 other boys are being kept under observation by the chest physician and 67 boys who had strong positive re-actions (of over 15 mms.) to the mantoux tuberculin test (using P.P.D. Tuberculin) are being followed up by the tuberculosis visitor. In none of the cases at this school have any home sources of infection been traced.

### **Mass Miniature Radiography**

During 1956, in all 2,344 school children (1,190 boys and 1,154 girls) were known to us as having attended for mass miniature radiography (these figures include 1,408 x-rayed under our B.C.G. scheme, including children born in the years 1942 and 1943).

I am very indebted to Dr. P. W. T. Hollis for his enthusiastic co-operation in regard to mass miniature radiography, and to Dr. R. P. Boyd (chest physician) for his work in regard to the clinical control of the disease.

### **1956 B.C.G. Vaccination Programme**

We carried out this work on much the same lines as in the two previous years, (i.e. mass miniature radiography, tuberculin testing and where necessary B.C.G. vaccination and post vaccinal tuberculin testing) and tuberculin testing of the children B.C.G. vaccinated in the previous year. Additionally this year tuberculin testing of those children who had been given B.C.G. vaccination in 1954 and who were still at school was carried out.

For the first time in these surveys a case of pulmonary tuberculosis was traced by the mass miniature survey (in a boy born in 1943 attending a grammar school, discussed above).

### **P.P.D. Tuberculin**

(i) It is our opinion that the P.P.D. tuberculin supplied this year was much more potent than that used in 1955 ; a comparison with the number of positive re-actions obtained from the first diagnostic test confirms this (1955—11% positive, 1956—19% positive in the 13 year old group).

### **Non-Conversion**

(ii) (a) 7 children (4 boys and 3 girls) given B.C.G. in 1955 and tuberculin positive to the post vaccinal tuberculin test some 8 weeks later (i.e. November, 1955) were tuberculin negative when re-tested in September, 1956. All 7 children were invited for another tuberculin test some 6 to 7 weeks later (using the same method as in September) ; 6 attended and of these only 2 (1 boy and 1 girl) remained negative ; no further action was taken in respect of these 2 children.

(b) As stated in my report for 1955, 66 children (born in 1941 and given B.C.G. in 1954) were tuberculin negative when tested in 1955 (by either Heaf's technique or Mantoux test 1/1000 with P.P.D. tuberculin) ; of these 19 were found negative after a second test 5 to 9 weeks later by the chest physician (Dr. R. P. Boyd) using the Mantoux test O.T. 1/1000 (right arm) ; of these 19, all but 7 were retested in 1956 (November), 11 were positive and only 1 negative (Heaf or Mantoux) ; of the remaining 7 children, 5 had left school, 1 refused the test and 1 was absent.

(c) Only 1 child (a girl attending an independent school) was negative at the post vaccinal tuberculin test after having B.C.G. vaccination in September, 1956, she had a local reaction to the B.C.G. vaccination of 10 mm. No further action was taken but she will be offered another tuberculin test in September, 1957.

### **Vaccination Complication**

(iii) There was in the children vaccinated in 1956 only 1 case of ulceration (a girl attending one of our schools) where the area was over 10 mms. This was a very minor complication.

### **Vaccination in Schools or at Clinics ?**

(iv) In view of the large numbers involved, all the children attending the local authority's schools were tested at school ; in most sessions more than one school was visited. The children from the independent schools all attended a central clinic. We have thus considerably reduced the amount of medical time expended on this work ; unfortunately, owing to the additional age groups now being tested, the amount of clerical time has inevitably increased. This time must, however, be regarded as well spent, as accurate and complete records are an integral part of the work. Consideration is being given to the tests being carried out at the larger independent schools next year.

### **Parental Response**

(v) The response from the parents (1943 children 78%) is 1% less than last year ; it is nevertheless very satisfactory ; much of the credit is undoubtedly due to the generous practical efforts of all the head teachers in the schools concerned.

### **Future Policy**

(vi) Every effort will be made to continue offering B.C.G. vaccination to all tuberculin negative children in their thirteenth year. It is also intended to do an annual tuberculin 'check-up' for a period of 5 years on all children given B.C.G. ; this can, however, only apply to those children remaining at school until they are 18 years old. The numbers must inevitably be small, but even so, I consider it will be justified.

The following tables set out in detail the findings of the 3 age groups tested :

TABLE A.

**SUMMARY OF SURVEY RE PREVENTION OF TUBERCULOSIS ON CHILDREN BORN DURING 1943 ATTENDING EXETER SCHOOLS.**  
**(A) Using Heaf's Multiple Puncture Apparatus and P.P.D. Tuberculin. (B) Using Mantoux Test and P.P.D. Tuberculin.**

SCHOOLS			Method	No. of Consent Forms sent out	No. accepted ALL the tests	Referred to Chest Physician	Absent for Test	Actual No. given diagnostic Tuber. Test	Result of Tuberculin Test		B.C.G. Vaccination		Post Vaccination Tuberculin Test			Ulcers	M.M.R. X-Ray					
Positive		Negative							Inoc.	Absent	Positive	Negative	Absent	Over 10 mms.	Satis.	Not Satis.	Absent					
L.E.A. : Girls	....	....	" A "	403	320 (79%)	13	6	301 (94%)	58 (19%)	243 (81%)	239	4	232	—	7	1	300	1	9			
Boys	....	....	" B "	463	384 (83%)	15	12	357 (93%)	59 (17%)	298 (83%)	294	4	286	—	8	—	345	1	9			
TOTAL L.E.A. SCHOOL CHILDREN	....	....	" A " & " B "	866	704 (81%)	28	18	658 (93%)	117 (18%)	541 (82%)	533	8	518	—	15	1	645	2	18			
INDEPENDENT : Girls	...	....	" B "	179	122 (68%)	2	5	115 (94%)	23 (20%)	92 (80%)	91	1	88	1	2	—	117	—	—			
Boys	....	....	" B "	122	86 (70%)	3	5	78 (91%)	18 (23%)	60 (77%)	60	—	58	—	2	—	80	—	—			
TOTAL INDEPENDENT SCHOOL CHILDREN	....	....	" B "	301	208 (69%)	5	10	193 (93%)	41 (21%)	152 (79%)	151	1	146	1	4	—	197	—	—			
TOTAL MANTOUX CASES	....	....	" B "	764	592 (77%)	20	22	550 (93%)	100 (18%)	450 (82%)	445	5	432	1	12	—	542	1	9			
GRAND TOTAL, 1956	....	....	" A " & " B "	1,167	912 (78%)			33	28	851		158 (19%)	693 (81%)	684	9	664	1	19	1 (0.1%)	842	2	18
GRAND TOTAL, 1955	....	....	—	1,091	866 (79%)			23	25	818		94 (11%)	724 (89%)	722	2	697	—	25	3 (0.4%)	801	1	41
GRAND TOTAL, 1954	....	....	—	1,034	917 (89%)			36	19	862		153 (18%)	709 (82%)	701	8	682	1	18	2 (0.3%)	844	6	15

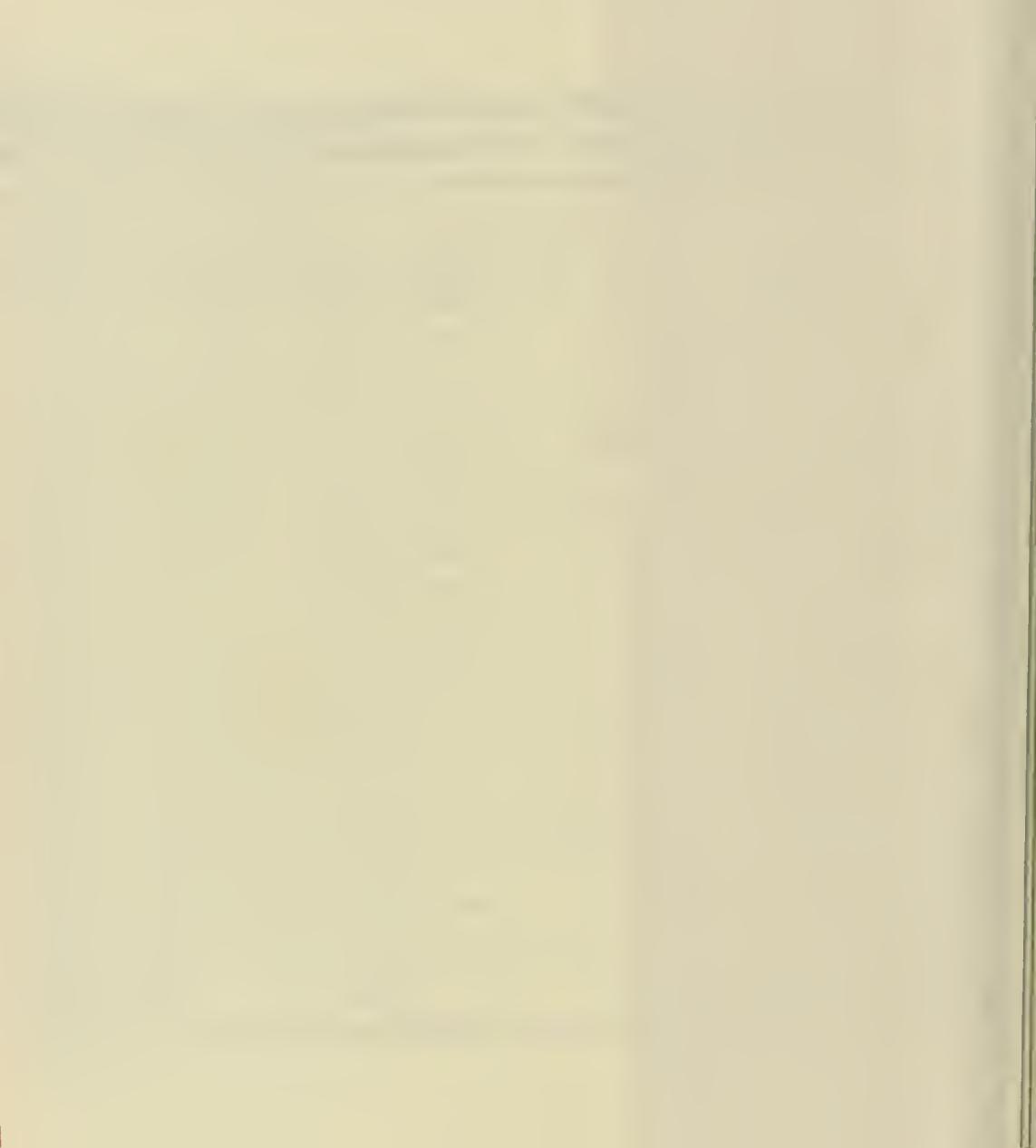


TABLE B.  
SUMMARY OF SURVEY OF THOSE CHILDREN (BORN 1942) WHO WERE GIVEN B.C.G.  
VACCINATION IN 1955.

(A) Using Heaf's Multiple Puncture Apparatus and P.P.D. Tuberculin.  
(B) Using the Mantoux Test and P.P.D. Tuberculin.

Schools		Method	Given B.C.G. in 1955	1956 Accepted Re-test	Absent for Test	Actually Tested	Tuberculin Test		M.M.R. X-Ray		
L.E.A. :	Girls	....	....	....	....	....	Positive	Negative	Satis.	Unsatis.	Absent
	Boys	....	....	....	....	....	239	237	2	238	—
							10	258	1	256	—
<b>TOTAL L.E.A.</b>							12	497	3	494	—
INDEPENDENT :	Girls	....	....	....	....	....	89	87	—	88	—
	Boys	....	....	....	....	....	54	50	3	47	—
						....	139	134	—	135	—
<b>TOTAL INDEPENDENT</b>							5	134	—	—	4
<b>TOTAL MANTOUX CASES</b>		....	....	....	....	....	15	392	1	391	—
<b>GRAND TOTAL, 1956</b>		....	....	....	....	....	722	648	17	631	628 (99.5%)
<b>GRAND TOTAL, 1955</b>		....	....	....	....	....	701	594	11	583	559 (96%)
										24 (4%)	557 1 36

TABLE C.  
SUMMARY OF SURVEY OF THOSE CHILDREN (BORN 1941) WHO WERE GIVEN B.C.G.  
VACCINATION IN 1954, TUBERCULIN TESTED IN 1955 AND AGAIN IN 1956 (i.e. 2 years  
after vaccination).

(A) Using Heaf's Multiple Puncture Apparatus and P.P.D. Tuberculin.  
(B) Using the Mantoux Test and P.P.D. Tuberculin.

SCHOOLS		Method	Given B.C.G. in 1954	Number still at School in 1956	Accepted Tuberculin Test	Absent for Test	Actually Tested	Tuberculin Test :	
L.E.A. :	Girls							Positive	Negative
	Boys	“A”	249	98	81	2	79	77	2
	Boys	“B”	316	140	124	2	122	122	—
TOTAL L.E.A.	...	“A” & “B”	565	238	205	4	201	199	2
INDEPENDENT :	Girls	“B”	89	69	56	2	54	54	—
	Boys	“B”	47	39	38	—	38	37	1
TOTAL INDEPENDENT :	...	“B”	136	108	94	2	92	91	1
TOTAL MANTOUX CASES :	...	“B”	452	248	218	4	214	213	1
GRAND TOTAL	...	“A” & “B”	701	346 (49%)	299 (86%)	6	293	290 (99%)	(100%)

## DIPHTHERIA IMMUNISATION IN SCHOOLS

In order to increase the number of children being immunised and also to avoid loss of school time, arrangements were made (from about the middle of 1955) for diphtheria immunisation 'booster' doses to be given, subject to parental consent, at 20 schools during the routine medical inspections. As this is the first full year for this work I am setting out in sex and age groups the total number immunised in school during 1956.

AGE GROUPS								
5-7 years		8-10 years		11 years and over		Total		Grand Total
Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	
67	51	474	318	203	83	744	452	1,196

## SCHOOL MEALS AND MILK REPORT, 1956

I am indebted to the school meals organiser (Miss C. Cusworth) for the following report.

The percentages of children taking Meals and Milk have remained fairly constant, at about 36 and 88 respectively throughout the year. The statistical return required by the Ministry of Education shewn below indicates the number of children taking Milk and Meals on a selected date.

MILK			MEALS		
DATE	Number of Children taking Milk	Percentage	Children paying for Meals	Children having free Meals	Percentage
4/10/56	8,645	88.76	3,112	426	36.37

During the first two major holidays of the year, meals and milk were provided for necessitous children at two centres, Bradley Rowe School and Montgomery School ; a third centre was opened at Whipton for the Christmas vacation to cater for children from this rapidly developing part of the City.

Attendances were as shewn below :

HOLIDAY	Number on register for free meals	Average daily attendance	Percentage of attendance of those eligible
Easter ....	462	176	38.09
Summer ....	455	148	32.53
Christmas ....	490	185	37.76

On the direction of the Ministry of Education, the provision of milk on Saturdays and holidays ceased on 31st July. The local Education Authority became responsible for the provision of milk for pupils in attendance at the direct grant and independent schools within the City from the 1st September.

The Ministry increased the charge for dinners by one penny from the 1st September. At the same time the charge for dinners in nursery schools was increased from sixpence to tenpence, bringing it into line with the charges in the primary and secondary schools. Thus, the charges for meals ranged from 10d. to 8d. according to the number of children in the family.

Meals were supplied free to approximately 470 children per day.

A new dining room was opened at the Whipton Barton J.M. School on the 11th September, the meal being supplied from the Whipton Infants' School Kitchen. At the beginning of the Summer Term, the kitchen at the Stoke Hill J.M. School was opened, bringing the total number of self-contained canteens to eleven, viz. :

1. Chestnut Avenue Nursery School.
2. Whipton Infants.
3. Summerway J.M.
4. Countess Wear J.M. & I.
5. The Priory Girls' S.M.
6. Secondary Technical.
7. Bishop Blackall.
8. Hele's.
9. Bradley Rowe J.B., J.G., and Infants'.
10. The Vincent Thompson Boys' S.M.
11. Stoke Hill J.M.

All other schools were served by either Montgomery Area Kitchen or Ladysmith Area Kitchen. In addition, meals were supplied to the Central Technical College, the College of Art Printing Department and to the Health Authority's Day Nursery and Occupational Centre.

In the preparation of the meals the menus have been well balanced and of satisfactory nutritional value.

### HOSPITAL REPORTS

During 1956, 450 copy letters were received from the local hospital consultants, (369 from the Royal Devon & Exeter Hospital, 39 from the Princess Elizabeth Orthopaedic Hospital and 42 from the City Hospital) about children referred to them direct by the child's own doctor. We are particularly indebted in this matter to the consultant paediatrician (Dr. F. S. W. Brimblecombe) who helps us in so many ways and also to the many other consultant's concerned.

## DEATHS

Five Exeter children in the age group 5-15 years, died in 1956—a rate of 0.43 per thousand ; in 1955 there were 3 deaths—a rate of 0.27 per thousand, the rate for the country as a whole was (in 1955) 0.41 in this age group.

The causes of death were :—

Accidental (1)—Drowned in river—boy aged 12 years.

Acute lymphatic leukaemia (1)—boy aged 6 years.

Lymphosarcoma (1)—boy aged 8 years.

Tuberculous Meningitis (2)—girl aged 12 years and boy aged 10 years.

## Accidents to School Children (at school and otherwise)

During 1956, Dr. J. Smith, senior school medical officer, kept a record of all children, reported by the head teachers on the weekly health returns, to have been absent from school for several days owing to an accident. No enquiry into the cause, etc., of these accidents was made, but it is hoped that a more detailed account may be possible for my annual report for 1957.

### Accidents, 1956

(1st February, 1956 — 31st January, 1957)

	INFANTS		JUNIORS		SENIORS		TOTAL		GRAND TOTAL
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	
Fractures .... ....	8	3	17	9	12	2	37	14	51
Dislocations .... ....	—	—	—	—	1	—	1	—	1
Sprains .... ....	—	—	1	—	1	1	1	2	3
Concussion .... ....	—	—	2	2	3	—	5	2	7
Burns .... ....	—	2	1	—	—	—	1	2	3
Scalds .... ....	2	1	1	—	—	2	3	3	6
Eye Injuries ....	1	—	2	—	—	1	3	1	4
Cuts .... ....	2	—	1	1	1	—	4	1	5
Miscellaneous .... (e.g. cycle accident injured)	—	2	1	2	4	2	6	5	11
GRAND TOTAL ....	13	8	26	14	22	8	61	30	91

## JUVENILE COURT

During 1956, 134 children (122 boys and 12 girls) attending schools under the Exeter Education Committee appeared before the Juvenile Court. Of these, 15 children (12 boys and 3 girls) were sent to Approved Schools. The table below sets out the sex, age groups and offences committed.

## Juvenile Court Cases

OFFENCE COMMITTED	BOYS				Total	GIRLS				Total		
	AGE GROUP					Total	AGE GROUP					
	5-7	8-10	11-14	Over 14		5-7	8-10	11-14	Over 14			
Larceny .... ....	—	14	51	3	68	—	2	7	1	10		
Breaking and Entering .... ....	—	2	6	2	10	—	—	—	—	—		
Wilful Damage .... ....	—	2	12	—	14	—	—	—	—	—		
Cycle .... ....	—	—	7	3	10	—	—	—	—	—		
Motor .... ....	—	—	2	1	3	—	—	—	—	—		
Receiving Stolen Property .... ....	—	1	1	—	2	—	—	—	—	—		
Truanting and Beyond Control ....	—	—	1	—	1	—	—	—	—	—		
Being in need of care and attention .... ....	—	—	—	—	—	—	—	—	1	1		
Miscellaneous .... ....	—	1	10	3	14	—	1	—	—	1		
<b>TOTAL ....</b>	<b>—</b>	<b>20</b>	<b>90</b>	<b>12</b>	<b>122</b>	<b>—</b>	<b>3</b>	<b>7</b>	<b>2</b>	<b>12</b>		

## APPROVED SCHOOLS

During 1956, 15 children (12 boys and 3 girls) were sent to approved schools; with the exception of 1 boy aged  $9\frac{1}{2}$  years, they were all aged between 11 and 15 years.

Substantial but unsuccessful efforts had been made over some time to get one of the boys into a special school for educationally subnormal boys: 4 other children in this family were known to have low intelligence quotients. Similarly, 2 of the 3 girls had also been referred without success for admission to a residential special school for educationally subnormal girls. Social problems were very manifest and in only 1 instance could it be said that there were no evident social or personal handicaps.

The classified offences were :

Larceny : 11 (8 boys and 3 girls)

Breaking and Entering : 3 (all boys)

Truanting : 1 (boy)

- (a) 2 boys were known to be educationally subnormal.
- (b) 4 boys were known to be maladjusted.
- (c) A further 1 boy and 1 girl were known to be educationally subnormal and maladjusted.
- (d) 1 boy was in a foster home.

- (e) 4 boys and 1 girl had lost a parent—3 by death, 1 by desertion, 1 by divorce—3 of the boys now have step-parents.
- (f) 7 boys and 2 girls were regarded as coming from homes below average.
- (g) In 3 instances (2 boys and 1 girl) the mothers worked outside the home.
- (h) 1 boy was rejected by his father.
- (i) 1 boy and 1 girl were illegitimate.
- (j) 1 boy's brother had been in an approved school.
- (k) 1 boy was admitted for the second time.
- (l) On the whole, the children came from the larger families, 11 of them coming from families of 4 or more children.

### **CHILDREN'S ABSENCES FROM SCHOOL OWING TO ILLNESS**

(I am grateful to the Director of Education for the information supplied by his staff in compiling this section)

The next table and the histograms shew the number of children recorded as away ill on Friday afternoons week by week by the head teachers and school inquiry officers, generally on information from the parents; at the end of term, the last afternoon counts as the Friday for that week. Medical certificates are not normally obtained or required. Only those children who have been absent from school owing to illness for the greater part of the week are recorded in our figures. Thus, a child absent on Monday, Tuesday and Wednesday would be included as absent for that week although back at school on Thursday and Friday: whereas another child in school until Thursday but absent on Friday would not be recorded as absent for that week. Some children, therefore, absent owing to long illness, are included week by week; other children absent only for an odd day or so are not included. This information is, therefore, of limited usefulness and **THE FIGURES SHEW TRENDS RATHER THAN A PRECISE STATEMENT OF THE AMOUNT OF ILLNESS AT ANY TIME.**

The greatest single cause of absence during the year as measured in this way was again the common cold (30%), followed by biliousness (9%), influenza (8%) and sore throats (8%); measles is entered only 379 times during 1956 compared with 2,427 entries in 1955. The absence record was again greatest during the Lent term; this was due mostly to the increased number of colds and "influenza," although there was no recognised outbreak of influenza in the city. The total absences (measured in this way) through the year did not vary materially from those in the previous two years recorded in the same way.

STATISTICAL TABLE SHOWING MAIN CAUSES OF CHILDREN ABSENT FROM SCHOOL DURING  
PERIOD 1st JANUARY — 31st DECEMBER, 1956

WEEK ENDING	1st JANUARY — 31st DECEMBER, 1956										Total, 1955	Total, 1954		
	Coughs and Colds	Bilious- ness	Sore Throats, etc.	Eye and Ear	Influ- enza	Whoop- ing Cough	German Measles	Measles	Chicken Pox	Mumps	Ac- cidents	Miscell- aneous	Jam- dice	Dysen- tery
13.1.56	119	48	45	16	26	3	—	39	5	4	1	149	—	1
20.1.56	216	79	78	22	65	1	—	32	2	7	3	210	3	456
27.1.56	404	76	79	26	68	1	—	38	4	4	8	245	7	728
3.2.56	527	69	93	29	112	2	10	34	6	4	13	278	7	958
10.2.56	397	80	90	34	142	3	10	23	7	1	10	319	4	1,186
17.2.56	470	55	106	29	257	8	—	40	11	2	11	447	2	147
24.2.56	613	44	58	35	342	3	—	12	13	13	7	397	7	1,134
2.3.56	457	48	49	34	212	2	—	10	24	—	11	201	2	12
9.3.56	240	24	47	27	172	—	—	15	38	1	8	138	2	15
16.3.56	230	55	49	27	109	1	—	16	55	1	12	131	—	4
23.3.56	231	37	48	31	92	5	—	15	60	1	19	243	—	6
30.3.56	297	55	50	22	72	2	—	19	58	3	14	188	—	3
20.4.56	110	34	20	3	5	—	—	6	54	3	13	119	—	1
27.4.56	110	44	27	15	8	14	—	4	42	1	18	135	—	3
4.5.56	158	53	43	13	12	12	2	9	21	1	19	161	1	6
11.5.56	169	72	39	13	13	7	2	5	15	2	11	169	—	2
18.5.56	141	83	33	19	3	1	—	—	39	2	3	17	—	6
25.5.56	122	54	58	21	6	2	—	2	28	1	14	195	—	6
1.6.56	108	70	56	21	3	5	—	7	25	1	17	172	—	6
8.6.56	125	63	49	12	3	4	—	6	32	—	19	194	—	7
15.6.56	104	38	41	24	7	5	—	1	24	7	22	205	—	7
22.6.56	102	59	44	20	4	4	—	1	36	1	12	232	—	4
29.6.56	96	44	36	14	4	6	—	1	44	2	12	163	—	4
6.7.56	92	32	27	18	1	6	—	1	51	—	10	210	—	3
13.7.56	86	58	30	21	—	5	—	1	44	—	11	232	—	1
20.7.56	75	45	29	19	—	8	—	2	51	1	10	263	—	2
27.7.56	60	48	37	15	—	10	—	1	41	—	17	273	—	1
14.9.56	49	54	22	12	4	—	—	1	4	2	10	158	—	—
21.9.56	99	74	29	19	3	—	1	3	3	1	17	170	—	—
28.9.56	137	58	40	14	15	—	—	2	4	3	13	201	—	—
5.10.56	151	66	59	20	26	1	—	5	3	5	9	242	—	—
12.10.56	144	71	68	17	32	1	—	5	5	1	2	14	172	—
19.10.56	157	72	73	23	39	1	—	2	4	1	11	178	—	—
26.10.56	181	63	66	23	25	1	—	3	4	—	16	177	—	—
2.11.56	174	83	51	24	47	—	—	2	5	1	15	248	—	—
9.11.56	140	65	49	25	35	—	—	1	2	6	2	287	—	—
16.11.56	200	67	54	26	52	—	—	—	2	2	14	242	—	—
23.11.56	304	114	73	34	55	—	—	—	2	1	13	258	—	—
30.11.56	395	90	94	33	71	1	—	2	1	1	11	130	—	—
7.12.56	196	58	70	34	55	2	—	—	2	2	13	258	—	—
14.12.56	170	59	61	24	56	1	—	—	2	1	14	249	—	—
19.12.56	133	53	42	21	43	1	—	—	2	1	11	205	—	—
Total, 1956	8,419	2,514	2,212	929	2,288	144	36	379	876	65	539	9,023	15	146
Total, 1955	7,046	1,966	2,320	1,022	2,502	540	6	2,427	971	781	472	7,877	—	—
Total, 1954	8,247	1,992	1,614	917	2,372	376	1,653	286	924	1,215	288	6,676	—	511

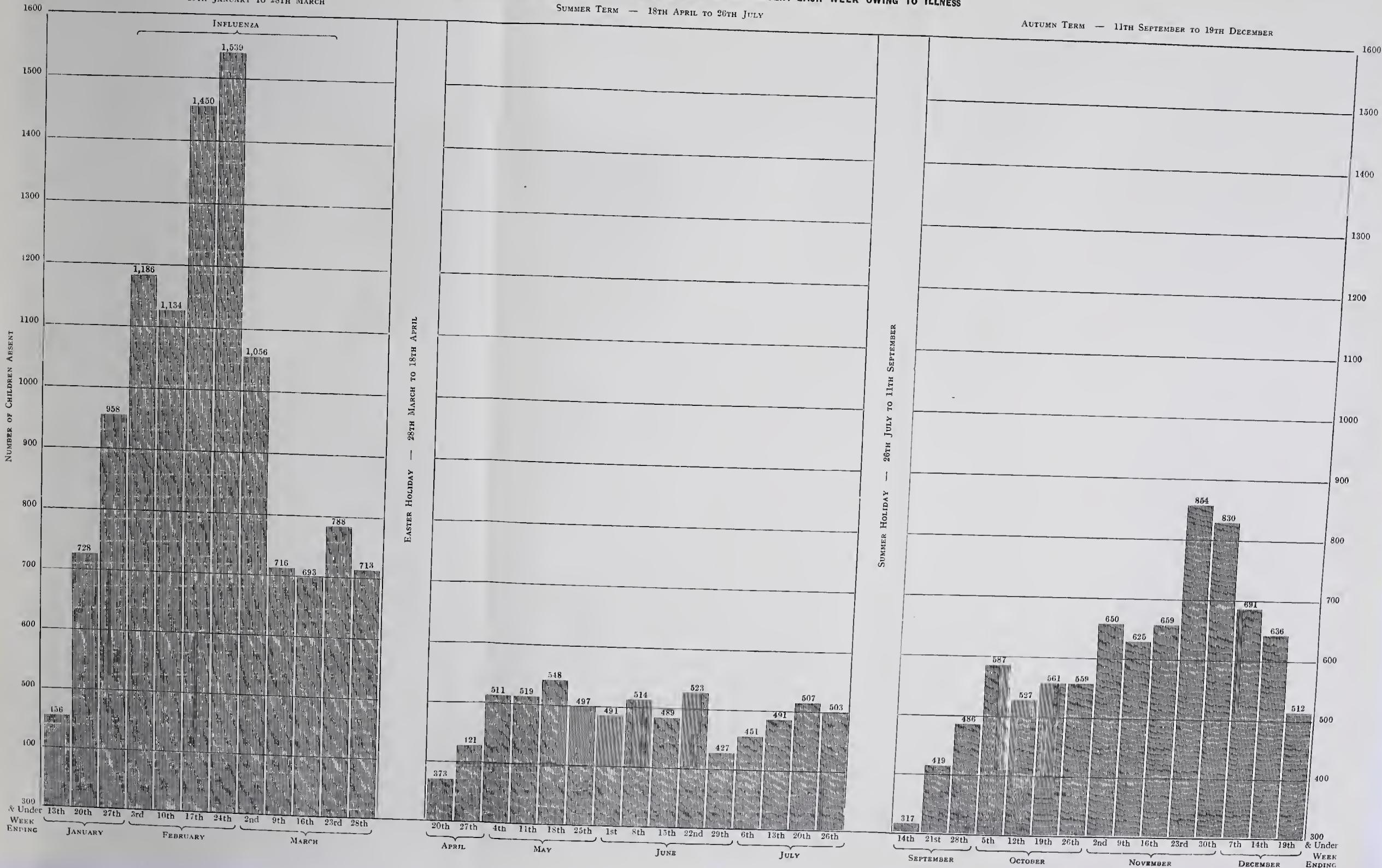
1956.

## HISTOGRAMS SHOWING THE TOTAL NUMBER OF CHILDREN ABSENT EACH WEEK OWING TO ILLNESS

LENT TERM — 10TH JANUARY TO 28TH MARCH

SUMMER TERM — 18TH APRIL TO 26TH JULY

AUTUMN TERM — 11TH SEPTEMBER TO 19TH DECEMBER





**Financial Year ended 31st March, 1956**

(The City Treasurer has kindly let me have the following information)

(a)	Total cost of School Health (including Dental) Service	....	....	....	£17,566
(b)	Amount of Government Grant	....	....	....	£9,134
(c)	Actual cost to the rates	....	....	....	£8,432
(d)	Cost in terms of penny rate	....	....	....	2.31d.
(e)	Cost per child to the Exeter Education Committee (based on a school population of 10,306)	....	....	....	16/4d.

**TABLE I.**

**Medical Inspection of Pupils attending Maintained Primary and Secondary Schools (Including Special Schools)**

**A.—PERIODIC MEDICAL INSPECTIONS**

Number of inspections in the prescribed groups :—

Entrants	....	....	....	....	994
Second Age Group	....	....	....	....	1,079
Third Age Group	....	....	....	....	646
				<b>TOTAL</b>	<b>2,719</b>
Additional Periodic Inspections	....	....	....	....	<b>2,074</b>
				<b>GRAND TOTAL</b>	<b>4,793</b>

**B.—OTHER INSPECTIONS**

Number of special inspections	....	....	....	1,119
Number of re-inspections	....	....	....	1,812
			<b>TOTAL</b>	<b>2,931</b>

**C.—PUPILS FOUND TO REQUIRE TREATMENT**

*Number of Individual Pupils found at Periodic Medical Inspections to require Treatment—(excluding Dental Diseases and infestation with Vermin)*

AGE GROUPS INSPECTED (1)	For defective vision excluding squint (2)	For any of the other conditions recorded in Table III (3)	Total Individual pupils (4)
Entrants	13	158	157
Second Age Group	81	116	193
Third Age Group	50	110	131
<b>TOTAL</b>	<b>144</b>	<b>384</b>	<b>481</b>
Additional Periodic Inspections	128	166	270
<b>GRAND TOTAL</b>	<b>272</b>	<b>550</b>	<b>751</b>

**D.—CLASSIFICATION OF THE PHYSICAL CONDITION OF PUPILS INSPECTED IN THE AGE GROUPS**

AGE GROUPS	Number of Pupils Inspected	SATISFACTORY		UNSATISFACTORY	
		No.	Percentage of Col. 2	No.	Percentage of Col. 2
(1)	(2)	(3)	(4)	(5)	(6)
Entrants ....	994	987	99.3	7	0.7
Second Age Group ....	1,079	1,072	99.3	7	0.7
Third Age Group ....	646	643	99.5	3	0.5
Additional Periodic Inspections ....	2,074	2,067	99.7	7	0.3
<b>TOTAL</b> ....	<b>4,793</b>	<b>4,769</b>	<b>99.5</b>	<b>24</b>	<b>0.5</b>

**TABLE II.**  
**INFESTATION WITH VERMIN**

(i)	Total number of examinations in the schools by the nurses or other authorised persons .....	20,431
(ii)	Total number of <i>individual</i> pupils found to be infested .....	186
(iii)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2) Education Act, 1944) ....	25
(iv)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3) Education Act, 1944) ....	—

**A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31ST DECEMBER, 1956**

**A.—PERIODIC INSPECTIONS**

Defect Code No.	DEFECT OR DISEASE	PERIODIC INSPECTIONS				TOTAL (including all other age groups inspected)			
		Entrants		Leavers					
		T.	O.	T.	O.				
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)		
4	Skin ....	43	39	52	14	190	143		
5	Eyes : a. Vision ....	13	30	50	75	272	560		
	b. Squint ....	2	26	—	2	3	50		
	c. Other ....	11	1	4	—	25	16		
6	Ears : a. Hearing ....	1	7	—	—	12	27		
	b. Otitis Media ....	1	5	1	2	8	19		
	c. Other ....	46	16	34	1	162	28		
7	Nose and Throat ....	13	103	1	10	42	272		
8	Speech ....	4	10	—	1	12	36		
9	Lymphatic Glands ....	—	59	—	2	1	79		
10	Heart ....	1	7	2	9	4	35		
11	Lungs ....	15	29	3	10	21	87		
12	Developmental : a. Hernia ....	—	5	—	2	2	14		
	b. Other ....	—	26	—	1	2	72		
13	Orthopaedic : a. Posture ....	4	4	—	3	8	36		
	b. Feet ....	1	13	—	—	2	37		
	c. Other ....	5	94	10	26	31	309		
14	Nervous System : a. Epilepsy ....	—	6	—	2	1	15		
	b. Other ....	1	6	3	1	5	18		
15	Psychological : a. Development ....	1	16	—	4	1	45		
	b. Stability ....	5	35	—	5	11	84		
16	Abdomen ....	1	11	—	2	1	24		
17	Other ....	3	12	—	2	6	27		

T means requiring Treatment.

O means requiring Observation.

**TABLE III.**  
**B.—SPECIAL INSPECTIONS**

Defect Code No.	DEFECT OR DISEASE	SPECIAL INSPECTIONS	
		Requiring Treatment	Requiring Observation
(1)	(2)	(3)	(4)
4	Skin .... .... ....	217	9
5	Eyes : a. Vision .... ....	94	32
	b. Squint ....	—	—
	c. Other .... ....	37	3
6	Ears : a. Hearing ....	20	6
	b. Otitis Media ....	6	4
	c. Other .... ....	43	1
7	Nose and Throat .... ....	45	25
8	Speech .... .... ....	28	10
9	Lymphatic Glands .... ....	—	5
10	Heart .... .... ....	—	3
11	Lungs .... .... ....	7	10
12	Developmental : a. Hernia ....	1	—
	b. Other .... ....	2	3
13	Orthopaedic : a. Posture ....	1	6
	b. Feet .... ....	1	—
	c. Other .... ....	11	10
14	Nervous System : a. Epilepsy ....	—	4
	b. Other .... ....	4	—
15	Psychological : a. Development ....	1	9
	b. Stability ....	23	28
16	Abdomen .... .... ....	—	1
17	Other .... .... .... ....	20	5

TABLE IV

*Group I.—Eye Diseases, Defective Vision and Squint.*

	Number of cases dealt with	
	By the Authority	Otherwise
External and other, excluding errors of refraction and squint ....	192	32
Errors of refraction (including squint) ....	—	1,147
<b>TOTAL</b> ....	<b>192</b>	<b>1,179</b>
Number of pupils for whom spectacles were Prescribed ....	—	779

*Group II.—Diseases and Defects of Ear, Nose and Throat.*

	Number of cases treated	
	By the Authority	Otherwise
Received operative treatment—		
(a) for diseases of the ear ....	—	5
(b) for adenoids and chronic tonsillitis ....	—	91
(c) for other nose and throat conditions ....	—	12
Received other forms of treatment ....	381	609
<b>TOTAL</b> ....	<b>381</b>	<b>717</b>
Total number of pupils in schools who are known to have been provided with hearing aids :		
(a) in 1956 ....	—	5
(b) in previous years ....	—	4

*Group III.—Orthopaedic and Postural Defects.*

	By the Authority	Otherwise
Number treated otherwise, e.g. in clinics or out-patient departments ....	—	72

*Group IV.—Diseases of the Skin* (including uncleanliness, for which see Table II).

						Number of cases treated or under treatment during the year by the Authority
Ringworm :	(i) Scalp	...	...	...	...	3
	(ii) Body	...	...	...	...	2
Scabies	...	...	...	...	...	2
Impetigo	...	...	...	...	...	31
Other skin diseases	...	...	...	...	...	421
					<b>TOTAL</b>	<b>459</b>

*Group V.—Child Guidance Treatment.*

			Number of cases treated in the Authority's Child Guidance Clinic
Number of pupils treated at Child Guidance Clinic	...	...	185

*Group VI.—Speech Therapy.*

			Number of cases treated by the Authority
Number of pupils treated by Speech Therapist	...	...	117

*Group VII.—Other Treatment Given.*

			Number of cases treated by the Authority
(a)	Number of cases of miscellaneous minor ailments treated by the Authority	...	2,537
(b)	Pupils who received convalescent treatment under School Health Service arrangements	...	—
(c)	Pupils who received B.C.G. vaccination	...	726
(d)	Other than (a), (b) and (c) above (specify)	...	—
		<b>TOTAL</b>	<b>3,263</b>

TABLE V.

DENTAL INSPECTION AND TREATMENT  
CARRIED OUT BY THE AUTHORITY

(1)	Number of pupils inspected by the Authority's Dental Officers :—						
(a)	At Periodic Inspections	...	...	...	...	5,601	
(b)	As Specials	...	...	...	...	1,769	
					<b>TOTAL (1)</b>	<b>7,370</b>	
(2)	Number found to require treatment	...	...	...	...	4,785	
(3)	Number offered treatment	...	...	...	...	4,785	
(4)	Number actually treated	...	...	...	...	2,772	
(5)	Number of attendances made by pupils for treatment including those recorded at heading 11 (h)	...	...	...	...	6,285	
(6)	Half days devoted to : Periodic (School) Inspection	...	...	...	...	70	
	Treatment	...	...	...	...	877½	
					<b>TOTAL (6)</b>	<b>947½</b>	
(7)	Fillings : Permanent Teeth	...	...	...	...	4,040	
	Temporary Teeth	...	...	...	...	365	
					<b>TOTAL (7)</b>	<b>4,405</b>	
(8)	Number of teeth filled : Permanent Teeth	...	...	...	...	3,470	
	Temporary Teeth	...	...	...	...	329	
					<b>TOTAL (8)</b>	<b>3,799</b>	
(9)	Extractions : Permanent Teeth	...	...	...	...	973	
	Temporary Teeth	...	...	...	...	2,875	
					<b>TOTAL (9)</b>	<b>3,848</b>	
(10)	Administration of general anaesthetics for extraction	...	...	...	...	1,568	
(11)	Orthodontics :						
(a)	Cases commenced during the year	...	...	...	...	64	
(b)	Cases carried forward from previous year	...	...	...	...	91	
(c)	Cases completed during the year	...	...	...	...	50	
(d)	Cases discontinued during the year	...	...	...	...	—	
(e)	Pupils treated with appliances	...	...	...	...	38	
(f)	Removable appliances fitted	...	...	...	...	50	
(g)	Fixed appliances fitted	...	...	...	...	2	
(h)	Total attendances	...	...	...	...	523	
(12)	Number of pupils supplied with artificial dentures	...	...	...	...	27	
(13)	Other operations : Permanent Teeth	...	...	...	...	705	
	Temporary Teeth	...	...	...	...	12	
					<b>TOTAL (13)</b>	<b>717</b>	





**EXETER EDUCATION COMMITTEE  
SPECIAL SERVICES SUB-COMMITTEE**

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**ADJUSTMENT TEACHING FOR  
EDUCATIONALLY SUB-NORMAL CHILDREN**

BY

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*Educational Psychologist*

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*Director of Education*

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**I. Introduction**

In January, 1954, the Exeter Education Committee instituted adjustment classes for E.S.N. children in six of their junior schools.<sup>1</sup> An interim report giving full details of staffing, organization, methods of teaching equipment and apparatus was published in 1955, and some provisional conclusions were drawn as to the value of the experiment.<sup>2</sup> The main sections of the report, now out of print, are summarized in the Addendum to this paper. We have now had three full years' experience of adjustment teaching and the Committee have extended it to two more schools. Throughout this period everyone concerned —the Director of Education, Principal and Senior School Medical Officers, head, class and adjustment teachers and the child guidance team have continually investigated all the many problems involved in educational sub-normality. Exhaustive records have been kept of the social, medical and scholastic history of every child receiving adjustment teaching; the work produced in play therapy sessions has been evaluated; the children have been examined on set occasions with mental and scholastic tests. In particular their effective speaking vocabulary and their capacity to form concepts have been assessed. The arrangement by which the children attend the classes in small groups of, at most, twelve has made it possible for each one to be considered and taught individually. Where necessary they have been seen by the psychiatrist, school medical officer or educational psychologist. Consequently we have now had opportunity to study most of the causes and forms of educational retardation and methods of overcoming them. This report summarizes our major findings.

1. Irvine, E. D., Lewis, E., Tue, G. A.—Medical Officer **XC**, 143, (1953).

2. Irvine, E. D., Lewis, E., Tue, G. A.—Medical Officer **XCIII**, 331 and 347, (1955).

We must begin by recalling that the Authority's chief purpose in setting up these classes has been that of avoiding, as much as possible, any great segregation of educationally sub-normal children from their fellows and from the normal stream of school activities. Such separation as must be made is used to try to ensure that each child reaches such a degree of personal integration and scholastic attainment as his inborn capacity and life age permit. We wish to avoid having to send these children to a special day school, even having to isolate them in a special class in a normal school. It is popularly supposed, because it is convenient to do so, that parents and children do not mind this separation. But no one who has been able really to gain their confidence has found it to be true in the majority of cases. The children are well aware of their separation ; the parents are humiliated by it ; and the position is exacerbated by the primitive, unconscious cruelty of fellow pupils and neighbours who comment on this relegation to the 'silly school' or the 'dunce's class.'

It is a deeply rooted impulse in man to ask : "Where do I fit in ? What is my value in my immediate community ?" Not all the good will or persuasion of education authority or teacher can overcome the natural human reaction of anxiety and shame to a child's being inescapably branded as intellectually inferior and thus, by implication, of little or no value. Those in a position to judge should take heed of a lesser reaction, the distress many parents have shown, since the 1944 Education Act came into being, when their child has failed to gain a grammar or technical school place. Even though our adjustment classes are designed to separate a child for a quarter only of each day from his fellows, we have had to face some anxiety, opposition and distress from a few parents concerned. In one or two instances, the children themselves have at first been upset at having to attend a class. Fortunately our organization has made it relatively easy for us to show parents and children that we respect the dignity and individual worth of each child, whatever his mental capacity, and that our sole aim is to ensure that every aptitude shall be fostered and developed to the full. This is the easier, because we put into the classes not only the intellectually impaired, but also those of normal or even superior intelligence, who are, for some reason, failing scholastically. It is a support for the parent of a backward child to know that he is spending most of his school day with his fellows, though one quarter is passed with children likewise retarded for various reasons. In our classes for example we have had one who was for three years in plaster at an orthopaedic hospital, and another who had moved with his soldier father from Suez to England, thence to Germany and back again, with all that this entailed in the way of broken schooling. A further, and a very great encouragement is afforded by the real improvement in social, scholastic and emotional adjustment that the majority of our children show, and by the sight of them taking a more significant part in the life of the school. To give but one instance, there is the very dull, once anti-social and exceedingly destructive lad, who is now the trusted monitor of his normal class, and whose

really successful woodwork and basket work ornament both school and home. Again, encouragement comes especially for the children, in seeing those who have made and maintained adequate progress, returning full time to their normal class, confident in their ability to keep up with its work.

We have tried, primarily and steadily, in these classes to respect the individual child, to develop his ego and his capacities to their limit, to keep him as a valued member of the whole school community. It was our opinion that scholastic failure would prove, whatever the I.Q., to be but one symptom of a general failure to meet the demands of life ; and that scholastic improvement would follow upon the greater self-esteem, self-awareness and better emotional and social adjustment we sought to give the children.

We think that the following statistics and observations show the belief to have been justified.

## II. Children in the Classes

Since January 1954 and up to December 31st, 1936, 381 children have been (and 175 of them still are) in adjustment classes. Of these, 215 are boys and 166 girls. The age range, on entering the class was from 7 years to 11 years 1 month, the I.Q. range from 52 to 133. Distribution by age and sex, and by I.Q. upon admission are shown below :

**Table I.**  
**Distribution by Age and Sex**

Age Group Years & Months	Number of Children		
	Boys	Girls	Total
7.0— 7.5 .... .... ....	28	46	74
7.6— 7.11 .... .... ....	43	24	67
8.0— 8.5 .... .... ....	38	31	69
8.6— 8.11 .... .... ....	30	20	50
9.0— 9.5 .... .... ....	20	18	38
9.6— 9.11 .... .... ....	27	15	42
10.0— 10.5 .... .... ....	21	8	29
10.6— 10.11 .... .... ....	5	4	9
11.0— 11.5 .... .... ....	3	0	3
<b>TOTALS</b> ....	<b>215</b>	<b>166</b>	<b>381</b>

The following table gives the distribution of I.Q.s as ascertained by the Moray House Picture Intelligence Test for 7 year old children. This test is given by the head teacher to all Exeter children towards the end of their last term in the infant school ; and the score achieved is one of the many factors taken into account when a child is being considered for adjustment teaching. We admit that a group test, especially in the case of young children,

is less likely to be as accurate an assessment of intelligence as an individual test would be. But time did not permit examination by the latter in the majority of cases. When, however it appeared after arrival in the class that a child's score in the group test was by no means representative of his intellectual capacity, either the adjustment teachers or the educational psychologist made a further examination with the Terman Merrill Scale or The Wechsler Intelligence Scale for children. On the whole we are of the opinion that this table presents a reasonably accurate picture of the intelligence of the children receiving adjustment teaching. Those with I.Q.s between 80 and 89 have been divided at 84, since the score of less than 85 is held to denote some degree of intellectual impairment.

**Table II.**  
**Distribution of I.Qs. (Moray House)**

I.Q. Band			Boys	Girls	Total
50— 59	....	....	....	2	2
60— 69	....	....	....	27	22
70— 79	....	....	....	53	42
80— 84	....	....	....	29	22
85— 89	....	....	....	27	29
90— 99	....	....	....	41	28
100—109	....	....	....	21	15
110—119	....	....	....	10	3
120—129	....	....	....	4	3
130—139	....	....	....	1	0
TOTALS			215	166	381

Table III which follows is largely the basis for discussion of our findings. It has been compiled from the information entered in the record forms, one of which is continuously kept for each child throughout his stay in an adjustment class. The information is collected by school medical officers, school nurses, health visitors, head, class and adjustment teachers, the personnel of the Child Guidance Centre and parents. In our survey of the record sheets we have only included a disability when we have been satisfied that it has been causal in the child's failure to progress scholastically or to adjust socially and emotionally. There are some children in the classes who appear to be relatively unaffected by similar conditions, and there are probably many more outside them who are succeeding despite like disabilities. The categories are not mutually exclusive and a child may appear in more than one.

Table III.

## Special Disabilities found to be Causal in Failure

		Boys	Girls
I. MENTAL			
Mental dullness (I.Q. 84 or less)	....	111	88
Very inadequate speaking vocabulary	....	122	56
Marked incapacity for abstract thought		38	17
II. PHYSICAL			
Defective vision	....	25	19
Defective hearing	....	7	6
Frequent or prolonged illness, hospitalization	....	24	15
Crippled	....	1	—
Cleft Palate	....	1	1
III. EMOTIONAL			
General immaturity	....	62	38
Anxiety state	....	9	6
Obsessional neurosis	....	2	—
Delinquent behaviour	....	1	2
IV. SOCIAL			
Bad or broken homes	....	12	4
Illegitimacy	....	5	1
Home where cultural level is very low	....	34	28

We suggest that this table, over simplified as it must necessarily be, gives some picture of the variety and complexity of factors in social and scholastic failure. It serves to explain why we have consistently placed the teaching of reading and arithmetic second to the aim of helping the children towards a richer emotional and social life.

At the same time we have found that improvement in scholastic subjects follows upon psychological ripening; and reading capacity, which can be measured by standardized tests, has been one of our means of assessing progress. Tables IV and V give respectively the Reading Quotient (R.Q.) (based on Schonell tests) relative to the I.Q. (based on Moray House Tests) of each child first upon admission to an adjustment class, and secondly on leaving it or, if still in the class, at Christmas 1956. It must be pointed out that Table V includes 83 boys and 66 girls who had to leave before they would normally have done so. The reasons are: having to proceed to a secondary modern school, changes of residence and the temporary closing of one class owing to lack of accommodation in the school buildings. Also included

in Table V are 46 boys and 28 girls who only entered a class in September 1956. A few children were not given a final reading test owing to sudden removal from Exeter or other causes.

**Table IV.\***  
**R.Q. in Relation to I.Q. upon admission to Class**

I.Q.	R.Q.									TOTAL								
	NIL		50-59		60-69		70-79		80-89		90-99		100-109		110-119			
	B. G.	B. G.	B. G.	B. G.	B. G.													
50- 59	2 2														2 2			
60- 69	10 7		5 5		5 7		6 1		1 2						27 22			
70- 79	8 9		6 5		17 11		13 14		7 2		2				1		53 42	
80- 84	5 3		1 2		14 6		4 9		4 2		1				29 22			
85- 89	5 2		2 1		6 5		12 15				6 2				27 29			
90- 99	8 5		1 2		15 4		12 16		4 1		1				41 28			
100-109	4 4		2		6 2		6 5		2 3		1				1		21 15	
110-119	1		1		4		3		1		1 2				1		10 3	
120-129					1		1 2		1 1		1				4 3			
130-139									1						1			
TOTALS	43 32		18 15		68 35		57 62		20 18		8 3		1 1				215 166	

**Table V.\***  
**R.Q. in Relation to I.Q. upon leaving (or at 31.12.56)**

I.Q.	R.Q.									TOTAL								
	NIL		50-59		60-69		70-79		80-89		90-99		100-109		110-119			
	B. G.	B. G.	B. G.	B. G.	B. G.													
50- 59	2 1						1								2 2			
60- 69	3 2		5 6		8 6		8 5		3 2				1				27 22	
70- 79	4		5 6		12 12		13 12		11 10		7 1				1		52 42	
80- 84	4		10 5		5 8		5 7		4 1				1				28 22	
85- 89	2		8 5		3 15		11 8		2 1		1				27 29			
90- 99			1		13 4		13 8		9 10		2 4		2		1 1		40 28	
100-109	1		6 3		8 6		2 3		1 2		2				20 14			
110-119			3		2		1		1 1		3 1				1 10		3	
120-129					1		1 1		1 1				1 1		4 3			
130-139											1				1			
TOTALS	9 3		17 13		60 36		53 54		43 41		18 12		8 2		3 4		211 165	

\*See also histograms, page 74.

In all the cases shown to the left of the diagonal line in these tables, the attainment is less than the child's intelligence should have enabled him to achieve. It will be noted that some children were already reading at or above their potential, when admitted to a class. They were included for the following reasons:— a few showed signs of maladjustment, others came in chiefly for help in written English or Arithmetic, and the remainder had made little or no progress in reading for a year or more. We shall have occasion to discuss this last group later in the report, as this tendency amongst a number of children to stick at a certain definite stage in reading is a problem, that has greatly engaged our attention in the adjustment classes.

The next 3 tables refer to 57 children who have been returned from an adjustment class full time to a normal class. 12 of them returned to a higher stream than that from which they had come. Of the fifty-seven, 7 were in the class 3 years. The period spent in an adjustment class by the 25 boys and 32 girls returned full time to their own classes is as follows :

PERIOD IN CLASS	Boys			Girls			Total	
	Under 3 terms	3 terms	6 terms	9 terms	Under 3 terms	3 terms	6 terms	9 terms
Under 3 terms	....	....	....	....	2	4	6	
3 terms	....	....	....	....	7	12	19	
6 terms	....	....	....	....	9	16	25	
9 terms	....	....	....	....	7	—	7	
					25	32	57	

Table VI.  
R.Q. in Relation to I.Q. upon admission to Class

I.Q.	R.Q.										TOTAL						
	NIL		50-59		60-69		70-79		80-89		90-99		100-109		110-119		
	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	
50- 59	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	
60- 69	1	2	—	—	1	1	2	—	1	1	—	—	—	—	5	4	
70- 79	1	—	—	—	1	2	—	2	4	—	1	—	—	—	3	8	
80- 84	—	—	1	—	2	—	2	4	—	1	1	—	—	—	3	8	
85- 89	—	—	—	2	1	1	3	—	1	1	—	—	—	—	4	5	
90- 99	—	—	1	—	3	2	—	1	—	—	1	—	—	—	6	2	
100-109	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—	2	
110-119	—	—	2	—	—	1	—	—	1	—	—	—	—	—	3	1	
120-129	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1	
130-139	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1	
TOTALS	1	5	—	1	7	6	11	14	5	6	1	—	—	—	25	32	

Table VII.  
Final R.Q. in Relation to I.Q.

I.Q.	R.Q.								TOTAL								
	N.I.		50-59		60-69		70-79		80-89		90-99		100-109		110-119		
	B. G.	B. G.	B. G.	B. G.	B. G.												
50- 59							1										1
60- 69		1			2	2	1	2			1					5	4
70- 79					2	3			3	1	1				1	3	8
80- 84					2		2	4			1	1	1			3	8
85- 89		1		1	2		2	2			1					4	5
90- 99				1		1	1	1		2	1	1		1	1	6	2
100-109					1			1									2
110-119											3	1				3	1
120-129											1						1
130-139												1				1	
TOTALS		1		1	4	6	8	7	11	3	6	5	2	2	1	25	32

### III. Intellectual levels

i. It will be seen that we are trying to cater for two main groups of children, those who are intellectually impaired and those, who though not intellectually impaired are, for some reason, failing in school and in social adaptation. (In our first report we suggested that, if we had sufficient adjustment teachers, it might be better to separate these groups. Fuller experience has made us think this inadvisable. As stated earlier in this report, we have found that the morale of duller children and of their parents is improved by the knowledge that the very intelligent may on occasion need help. Also the brighter children frequently act as a stimulus to the less gifted especially in discussions, shopping, games, drama and so forth). The children in the intellectually impaired group do not often at this stage show serious signs of maladjustment but it is such children who as they grow older and perceive themselves as failures, are most likely to become delinquent in an effort to compensate for a sense of inferiority. The great majority, given more individual help than the teacher of a large class can hope to afford, can learn to read and figure up to the limits of their intellectual level, and will often exceed it, as our tables show. There is no doubt that this gives them adequate satisfaction. We are now, from our long experience of children in adjustment classes, convinced that they are more frustrated by an inner awareness of not achieving that of which they are capable, than by consciousness of not doing as well as other more intelligent children. Some of them moreover have a real aptitude for woodwork, basket work, and sewing ; and the contributions they have been able to make to school and home in these fields have greatly enhanced their self-esteem. We

cannot point to more than five children in this group who have not developed confidence and a stronger ego as a result of these and other successes in the adjustment class, whilst head and class teachers and parents report that the improvement extends to all aspects of their lives. We are happy to say that, during these three years, no child in an adjustment class has come before the Juvenile Court, and that the three who had done so before joining a class have made no reappearance.

The second group with average or superior intelligence is by far the more difficult to help, but is very important because it represents potentially creative material running to waste. There is almost invariably some maladjustment, which has been taken into consideration during selection. This may be the primary cause of scholastic failure when it is present, or may have arisen as a result of it. On the whole we have found great insecurity amounting at times to neurosis among these children, and have seen it to originate in the home. Often a highly complex social problem is involved. This is not the place to discuss it fully, but we have repeatedly noticed the extent to which the break up of the neighbourhood—a marked phenomenon of the post war years—affects parents and their children. Removal to a housing estate poses many conflicts. At first the family is delighted with the amenities of the new separate house, but presently in some instances loneliness and a sense of being unsupported develop. The women in particular miss their mothers and near relations, the familiar shops, the former school friends just across the road. There is no longer the neighbourhood to fall back upon in times of trouble, no older woman who can be trusted to keep a secret or give advice. They become lost and anxious, with the inevitable result that the children also feel insecure. It is significant that often these parents turn to the head teacher of the local school for support; and we are beginning to find that they also seek out the adjustment teacher, if their child is in the class. It will be seen that our endeavour to help this set of children is handicapped by lack of ability to help their parents. At this point we wish to acknowledge the assistance given us by the health visitors in supporting and re-educating these families; but their case load is heavy and they can only spend extra time in one direction at the expense of another. We suggest that, ideally, a qualified psychiatric social worker should be attached to a group of adjustment classes and should work in and with the homes and the schools. We believe that this kind of help would enable us to get for this type of case even better and quicker results than we have been able to achieve. From Table VII it will be noted that children with higher I.Q.'s are being returned to ordinary classes with reading quotient (whilst much improved) rather lower than their corresponding potential.

We have again found that the greatest progress, whatever the I.Q. is generally made by the younger children; and we are emphatically of the opinion that those in need of part time individual help should enter the adjustment class as soon as they

reach the junior school. The average gain in reading months per school year for each age group is as follows :

Age Group	No. of children	Average Gain
7+ y.	141	22.5 months
8+ y.	119	16.8 months
9+ y.	80	17.0 months
10+ y.	38	8.0 months
11+ y.	3	7.2 months

(When a child was absent from the final testing the nearest recorded gain has been included).

At the same time the older children must not be excluded. In 33 cases those selected at 9+ years and 10+ years have made dramatic advances in a year or less and one has since passed the entrance examination to a public school. They present a fairly uniform picture of having for various reasons lost confidence in their ability to learn, and of being able to forge ahead once faith in themselves has been restored. Such maladjustment as they have evinced appears to be secondary and arising from the sense of failure.

There remains the small body of children who have been selected because they seem likely to profit from the classes but who may even have to be returned to their normal classes with an R.Q. still below the level of the I.Q. They fall into two groups —those with extremely inadequate speaking vocabularies and those more severely maladjusted, usually the very insecure and emotionally infantile children.

## ii. The Relationship between Speaking Vocabulary and Reading Ability

As we pointed out in our interim report (Appendix to School Health Service Report for 1954) we aimed from the beginning at improving the effective speaking vocabulary of the children. We noted all the conditions seeming to make for poverty of speech ; but we have to admit that we only slowly realized the full extent to which the majority of the children in our classes are handicapped as regards verbal expression. At first we concentrated mainly upon the blockage which occurs for so many children when a reading age of about 8+ years is reached—a problem that is found amongst normal as well as backward readers. We concluded that the reading vocabulary becomes more difficult at this age, since an increasing number of words which never occur in everyday conversation in the home are now introduced into reading material. David Schonfield<sup>3</sup> has also made the same suggestion. He has further pointed out that learning to read unfamiliar words involves different psychological processes from learning to read words which are already well known and that, with retarded readers, intelligence is of less importance at this stage than the possession of a reasonably full and differentiated vocabulary. (To digress for a moment, we are of the opinion that this explains

3. Difficulties at a Reading age of 8+. Brit. Jo. of Ed. Psych. Vol. XXVI, Part 1, (1956).

why some children, formally ascertained as intellectually impaired, yet make steady progress in reading from C or D stream classes, and do not appear to need adjustment teaching. We have found that they usually come from the better type of home, where there is real conversation, some reading and intelligent listening to radio programmes. We instance a Scottish boy of 8 yr. 3 m., I.Q. 86, whose R.Q. and Vocabulary Quotient were 108. He told the educational psychologist that he, his sisters and brothers and parents were 'aye reading and talking in the evenings.' (Such children may begin to fall behind round about the age of eight and a half and may therefore need help in an adjustment class, to get them over the difficult transition period in which they must learn new techniques, in order to be able to read totally unfamiliar words). Returning to our main theme, when we had empirically concluded that to a certain extent vocabulary was more important than intelligence in learning to read, we began in 1956 to investigate the speaking vocabularies of our children with the "Holborn Vocabulary Test for Young Children," standardized by Dr. A. F. Watts. The results were striking, but no ultimate significance could be attached to them since the children did not form a congruous group. Therefore one of us (E.L.) finally examined the first 50 children admitted to adjustment classes in September 1956, before the work they were doing could have been expected to make any marked addition to their vocabulary. It is hoped to publish these findings in full elsewhere, as this investigation is part only of a wider piece of research that is being made in Exeter schools. For this report it is sufficient to summarize our findings in connection with the above 50 children—an unselected group apart from their having been found in need of adjustment teaching.

**Table VIII.**

Average Life Age of Group :	8y. 2m.	Range :	7y. 1m. to 9y. 9m.
„ I.Q. :	89.5	„	70 „ 129
„ Vocabulary Age :	5y. 2m.	„	3y. 10m. to 7y. 9m.

The vocabulary score indicates that the average vocabulary of the children is about 3,000 words, whereas it should be between 5,000 and 6,000 words. Eighteen scored at a level of less than 5 years and not one child achieved the average for his life age ; yet 21 were of average and 7 of superior intelligence. Since the process of reading is, for a child, essentially that of matching the word pattern before him with some image which already exists in his mind, we can see how tremendous are the obstacles to successful matching when these pre-existing images are few, poorly apprehended and poorly differentiated. Some comment must be added upon the question of imagery. We found that, with 31 of the children, even the spoken word called up no image in their minds. Consequently they could not form any concept which would enable them to understand what was wanted of them. This made us realize how much of what is said to such children in the course of a lesson, or even of a simple conversation, must

pass completely over their heads. Our conclusions are that they should be given as much actual experience, coupled with verbal explanation, as is possible and that pictures and concrete material must always be on hand. Only thus can their vocabulary expand and be associated with clear mental images.

To a certain extent the acquisition of an effective speaking vocabulary is bound up with the social setting. It is extremely difficult for a child from an inarticulate home, with few and restricted interests, to build up a wide vocabulary. The same applies to children who have been long in a hospital when speech is developing, or to children brought up in institutions. For this reason we have had to return some children to their normal classes before the R.Q. and I.Q. fully coincided, provided we were satisfied that they could really read within the limits of such enlargement of vocabulary as we had been able to bring about and knew the techniques for tackling new and unfamiliar words. Naturally, if there had been less pressure upon the classes, we should have kept them longer. At the same time it is most probable that, as they grow older and become more absorbed in their class work, their vocabularies will steadily increase despite the home handicap. But vocabulary is not entirely dependent upon the general cultural background. We have established that children who are emotionally immature frequently have infantile vocabularies, even though the parents may be well educated people, who read and think intelligently. We once saw at the Child Guidance Centre a boy of 9 y. 3 m., I.Q. 93, who came from a good lower middle class home. He was timid, a bad mixer and had a strong emotional tie with his mother. She spoke of herself to him in the third person, using the tone of voice with which some people address very young children. His effective vocabulary age was 4 y. 4 m., and he was a very backward reader. We have found that 62 boys and 38 girls in our adjustment classes show varying degrees of emotional immaturity. The majority have also an immature speaking vocabulary, even when they come from sufficiently cultured homes for the recognition vocabulary to be fairly adequate. (In this connection we wish to point out that we have found that recognition and speaking vocabulary are by no means the same things, and we are no longer making the mistake of gauging the latter by the former; the child recognises and will respond to many more words and phrases than are at his disposal in his own speech). The children mentioned above present a problem that is more nearly medical than educational. It is largely to help them that we have a weekly play therapy session conducted by the teacher for every adjustment group.

### iii. The Play Therapy Session

There has been increasing tendency in recent years to criticize remedial teaching classes. The results have been found to be disappointing, and certain investigations have established that there may be little significant difference between a group of pupils who have been in such a class and a control group which has had

no remedial teaching.<sup>4</sup> We in Exeter venture strongly to suggest that the reason why some children at all events have failed to benefit noticeably from such instruction is because the classes have not been, in the fullest sense of the word, educative. Quite apart from the fact that the basic necessity for an adequate speaking vocabulary is not always recognised by remedial teachers, they sometimes fail to take into account something that is known to every child psychotherapist. This is that learning to read has many psychological implications for the child. To be able to read for oneself is a symbol of growth. It is the beginning of intellectual independence, for one is no longer obliged to rely for information and ideas upon the people in one's immediate circle. But the most limited independence brings responsibility ; and only the secure child can face this. As we have already pointed out—and it is a widespread experience of sociologists, this is an increasingly insecure century for many people. And children are swiftly affected by anxiety and weakness in the adults from whom they naturally expect the containment of decision and support, if they are to dare to be independent. Again, for a quite considerable number of children, the labours of learning to read demand a sharp self-discipline. They have to give up spinning exciting infantile fantasies to themselves, for the pedestrian tales and relatively dull information of their school books. It is very difficult for a deprived child or one who feels inferior to do this. An intelligent non-reader of eleven once told the educational psychologist : "I can make up better stories than any book," and so indeed he could from his point of view, because he was always his own hero, succeeding in a spectacular way, without effort or suffering. Another boy of the same mental calibre admitted to spending much of his time day-dreaming about the carefree country home of his infancy and early childhood, which he had had to leave for urban life. Neither boy wanted to face reality ; and reading is a hard reality in many ways. There are quite a number of such children, more usually boys than girls, especially in the higher intelligence groups. This is maladjustment, though there may be no neurotic symptoms, and mechanical remedial teaching is likely to strengthen rather than to break down the resistance to maturing. There are also the overtly neurotic children, full of anxiety often loaded with a sense of guilt, or beset by fears. Twenty of our 381 children fall into this category. It is almost impossible for them to concentrate upon learning ; and pressure only increases their anxiety. It is largely because we recognise the existence of these insecure, immature and neurotic children in our school communities that we have instituted our play therapy sessions, and stand by it, although, as we frankly admit, we have received much adverse criticism. Some have considered it a waste of time, others—somewhat more justifiably, as asking the adjustment teacher to handle situations outside his province. We advance the following arguments in favour of having play therapy sessions. In the first place it is

4. See especially "Evaluation of Remedial Education," Curr & Gourley. *Brit. Jo. of Ed. Psych.* Vol. **XXIII**, (1953).

now generally accepted that the human psyche is a dynamic force which persistently strives for self-realization. The child's natural impulse to every form of play including modelling, painting, and so forth is his sovereign and individual means towards attaining this end. Up to adolescence he does not approach life primarily by way of thinking. He has to gain knowledge of himself and of the world, achieving this through his experiences of manipulating objects, of imaginative play, and of every kind of sensory activity. The more immature, impoverished or dull he may be, the more, if he is to come to terms with himself, with reality, he must play in a permissive and receptive setting. And this play must be presided over by an adult who recognises its underlying purpose. Therefore, our play therapy sessions are not just periods of free activity with a scholastic slant ; they are designed to be therapeutic and to let the child find value in himself. When he has achieved this, he will both want to learn, and will find that he can do so, within the limits of his capacity. In answer to the objection that the adjustment teachers are not psycho-therapists, we emphasise that their respect for the play is the most important feature of the session. Also they are always in touch with a member of the child guidance team, should the need for a more active attitude on the part of some adult arise. We repeat our conviction that we cannot help a child to learn, unless we see him as an individual, and have adequate knowledge of his home life, personal experiences, special abilities or disabilities, taste and aptitude. He reveals these to himself and to others when he has the use of his self-creating impulse to play in a contained setting.

To conclude, it is an experience that value given to the whole child helps him to integrate and to develop. Development will include his achieving such scholastic success as is possible to him ; and the general satisfaction makes also for improved emotional and social adaption.

#### IV. Summary

- i. The adjustment classes were instituted with the object of helping E.S.N. children whilst avoiding, as much as possible, their segregation from their fellows.
- ii. Children attend for a quarter of each school day, in groups of twelve, each of which may contain a wide I.Q. range.
- iii. The causes of backwardness in reading are many and complex. Physical, mental, social and emotional factors all have an effect upon reading capacity.
- iv. To a considerable extent the lack of an adequate speaking vocabulary is more of a handicap to a child in learning to read than lack of intelligence.
- v. The stage between a reading age of 8 y. and  $9\frac{1}{2}$  y. presents special difficulties when the vocabulary is weak.
- vi. Emotional difficulties, particularly general insecurity, anxiety and immaturity may prevent a child, especially in the higher I.Q. bands, from learning to read.

vii. Improvement in reading ability is more likely to follow upon the solution of a child's personal problems and upon a real expansion of his vocabulary than upon mechanical remedial teaching.

In concluding this report we wish to express our gratitude to the head teachers who have advised and supported us throughout, and to the class teachers who have co-operated so closely with the adjustment teachers.

The adjustment teachers have taken so large a part in the compiling of this report that they would almost be thanking themselves, if an expression of appreciation were offered. But it is they who, by their insight and devotion, have made our experiment work well in the service of the children.

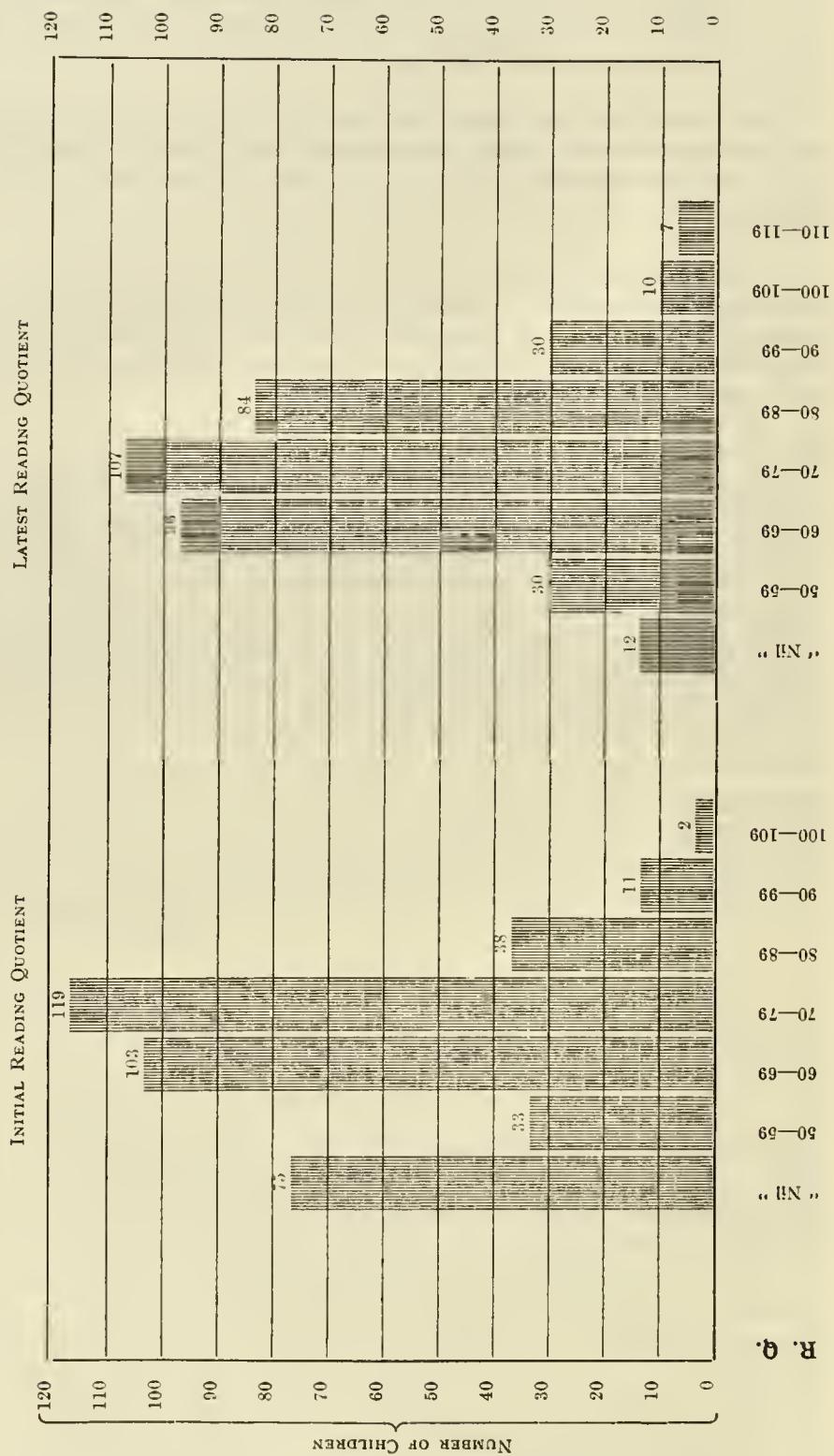
*The schools concerned in this work are :—*

*Montgomery Junior Girls (Miss I. S. S. Hamilton, head mistress); St. Sidwell's Junior Mixed (Mr. U. H. Peart, head master); Bradley Rowe Junior Girls (Miss G. M. Steffens, head mistress); Bradley Rowe Junior Boys (Mr. M. Oates, head master); Ladysmith Junior Mixed (Mr. A. G. Chanter, head master); Newtown Junior Mixed (Mr. B. L. Greenslade, head master); Countess Wear Junior Mixed (Mrs. R. M. Wickings, head mistress); and Heavitree Junior Mixed (Miss I. E. Hosking, head mistress). John Stocker Junior Boys' School (Mr. H. C. Cashmore, head master) had a class for 2 years but accommodation problems have, unfortunately, caused its closure. The adjustment class teachers are :— Miss S. E. Searle Mr. G. Berry, Mr. R. D. Pankhurst and Mr. G. Parsons.*

MAY, 1957

**CHILDREN IN ADJUSTMENT CLASSES THROUGHOUT THE YEAR 1956**

(See Tables IV and V—page 64).



## ADDENDUM

This addendum is a summary of a report published in the Principal School Medical Officer's Annual Report for 1954,\* which set out the experience gained in the work of adjustment classes. These had been set up by the Exeter Education Authority, as a result of considering a report on Educationally Sub-normal Children, presented by the Principal School Medical Officer to the Special Services Sub-Committee in December, 1952, and published by the Authority in July, 1953.†

In that report (1952) it was pointed out that educationally sub-normal children fall into three groups, namely those of average or superior intelligence, whose educational attainment is yet very much less than their intelligence should warrant, those with I.Qs. between 70 and 85, whose educational attainment is not only below normal, but usually less than their intelligence should enable them to reach, and those whose intellectual impairment is so great that however good relatively their attainment they cannot be wholly cared for in ordinary classes. Psychologically speaking, the great majority of all such children have weak egos, they are discouraged, anti-social, and often on the way to becoming more or less seriously maladjusted. The report recommended that, as a first stage in helping them socially, emotionally and scholastically, "adjustment" classes should be established in six junior schools in Exeter, and three teachers appointed to serve them. These teachers were to be additional to the existing establishment in the schools selected for the experiment. From the first the adjustment class was envisaged as being primarily a means of affording the children opportunity to develop and integrate personality through meaningful experience. Therefore, in addition to being taught to read and figure, they were to have play therapy sessions once weekly, and the whole bias of teaching was to be evocative. The children were to attend the classes in groups small enough to ensure that each should have adequate individual attention. In order that they might not feel markedly different from their fellows, they were to be abstracted from their normal classes for part only of each day, spending the rest of the time in common with the other children in their age groups. These recommendations were put into effect at the beginning of the Spring Term, 1954.

### PRELIMINARIES

- (i) **SELECTION OF SCHOOLS.** There were two main factors to be considered in Exeter. Those schools which contained the greatest number of E.S.N. children had naturally to receive first care. But as the adjustment teachers had each to serve two schools daily, spending the morning in one and the afternoon in another one week and reversing the periods the following week, it was necessary that the schools should not be very far apart.

\*Now out of print; also published in Medical Officer, 17th and 24th June, 1955.

†Now out of print; also published in Medical Officer, 19th September 1953.

- (ii) **SELECTION OF ADJUSTMENT TEACHERS.** In the last resort the whole success or failure of adjustment teaching depends upon the personality of the teacher. He must have a vocation for the work and, above all, must not unconsciously be seeking to compensate for an inner sense of failure by trying to remedy failure in the children. Since he must preside at sessions where the children, in painting, modelling or other creative activities, are producing material from the unconscious, he must be able to accept and value this material in itself, whether or not he understands it. Naturally the adjustment teacher must have had special training in appropriate methods of teaching ; and it is a great advantage if he has learned to give and evaluate standardized intelligence tests and individual reading tests. In view of these special qualifications, which all three teachers appointed in Exeter possess, and on account of the exacting nature of the work, they receive a special responsibility payment.
- (iii) **CONSULTATION WITH HEAD TEACHERS.** The six head teachers concerned met the educational psychologist in order to discuss accommodation, equipment, time tables, selection and examination of children for adjustment teaching, and the place of the adjustment teacher in the general organization of the school. We wish to acknowledge the great contribution made by the head teachers. Without this, success in the work would have been impossible.
- (iv) **CONSULTATION WITH ADJUSTMENT TEACHERS.** The three teachers met the educational psychologist in order to learn what would be expected of the adjustment class, to put forward their schemes of work and to detail the methods, apparatus and books they wished to use. They were assured that, within the time-table laid down by the head teachers in consultation with the Director of Education and the Educational Psychologist, they would have complete freedom to experiment as they chose, provided that very full records were kept. They were instructed to give Sleight's Non-Verbal tests to all the children whom they received into the adjustment class.
- (v) **SELECTION OF CHILDREN.** The head teachers in consultation with the Educational Psychologist selected children for admission whose names were submitted to the Director of Education and the Principal School Medical Officer for approval. Some children were referred direct by the School Health Department.
- (vi) **RECORD FORMS.** The Director of Education, Principal School Medical Officer, and the Educational Psychologist drew up the following record form which was printed and circulated to the head teachers for their use and that of the adjustment teachers :

**ADJUSTMENT TEACHING — PRELIMINARY RECORD**

SCHOOL ..... NAME .....

ADDRESS ..... D. of B. .....

REFERRED BY ..... DATE ADMITTED To  
ADJUSTMENT CLASS .....**1. HISTORY OF CHILD :**

- (a) How long in present school ?
- (b) Previous progress in present school ?
- (c) Attitude of child to other children in school ?
- (d) Attitude of other children in school to this child ?

2. RELEVANT FACTORS IN SOCIAL BACKGROUND. (Particularly note known dullness or maladjustment in parents, or brothers or sisters ; broken home ; illegitimacy ; adverse or favourable circumstances).

**POSITION IN FAMILY :**

3. DEFECTS OF SIGNIFICANCE FOUND BY MEDICAL EXAMINATION. (Note especially suspected defects of sight or hearing and give dates).

**4. ANY HISTORY OF LONG ABSENCE FROM SCHOOL OR SERIOUS ILLNESS.**

5. SPECIAL DISABILITIES :— N.B. (This section to be completed by school medical staff and educational psychologist).

- (a) Mental.
- (b) Emotional.
- (c) Social.

6. ANY SPECIAL TREATMENT. (before entering adjustment class).

- (a) Child Guidance Centre :
- (b) Speech Therapy :
- (c) Other (please indicate) :

Summary of capacity and attainment on admission to class :

	Yrs. and Mths.	Quotient used	Scale used	By whom	Date
Chronological Age	....	—			
Mental Age	....	I.Q.			
Reading Age	....	R.Q.			
Arithmetic Age	....	A.Q.			
Practical Ability Age	....	P.A.Q.			

If known

(Detailed records of testing should be preserved)

Date..... Signed.....

**PROGRESS RECORD**

1. Continuing notes should be maintained re :—
  - (a) Methods of teaching employed ;
  - (b) Special disabilities ;
  - (c) Progress—educationally or psychologically ;
  - (d) Any remedial treatment other than adjustment teaching.
2. Full report for annual review including repeat of table above with figures related to the date of the review.

DATE

NOTES

(2 Blank foolscap sheets follow)

The special record form has a dual purpose. In the first place it was designed to give as full a picture as possible of every child attending an adjustment class, of his progress or failure, and of every method of help given. Equally important was the object of ultimately compiling a volume of general information and statistics which should contribute towards a comprehensive analysis of all factors contributory in Exeter to educational subnormality. The completion of the forms involved much work for everyone concerned ; but this was found to be more than worthwhile.

Sections 1 and 4 were filled from the usual school record card ; Section 2 from information available in the School Health Department ; Section 3 by the school medical staff ; Section 5 by the school medical staff and the educational psychologist. Section 6, where necessary, by the psychiatrist-in-charge of the Child Guidance Centre, or the speech therapist. The remainder was completed by the adjustment teachers, with additional notes by the educational psychologist when she had been directly concerned with a child.

(vii) **TIME TABLE.** As the adjustment teachers were each serving two schools they alternated the morning and afternoon sessions, attending one of the two schools in the mornings of the one week and in the afternoons of the following week. In each school there were two groups : one class was held before the play interval, i.e. from 9.20 a.m. to 10.35 a.m. or from 1.45 p.m. to 2.55 p.m. ; the other after the play interval from 10.50 a.m. to noon, or from 3.05 to 4.15 p.m. The group which attended before play one week went after play the following, in order to even out the degree of fatigue which the children might be expected to be experiencing by the time they reached the adjustment class.

(viii) **SYLLABUS.** The syllabus did not go into details as to the ground to be covered, beyond making a distinction between the work to be done with very backward children who were entirely non-readers, and those who were able to read a little.

For the former it comprised :—

- (a) Pre-reading activities, with emphasis on the use of language in conversation, dramatization and description.
- (b) Pre-writing activities with emphasis on the recognition of simple words in common use, letter formation in various media, the building of simple sentences.

For the latter it comprised :—

- (a) Reading practice and word building ; conversation and description to stimulate word imagery.
- (b) Sentence building, oral and written work closely linked ; the use of individual work books.

Within this frame-work, any and every method of teaching, all kinds of apparatus and games, painting, modelling, etc., were used at the discretion of the teacher, and according to the means by which each individual child appeared most easily to learn.

Each group had one session a week of play therapy.

In the second term, amongst those groups which were making real progress in reading and writing, some number work was introduced. It was based upon language and reading, and was usually presented in the form of problems.

- (ix) **ACCOMMODATION AND EQUIPMENT.** In regard to accommodation, certain basic needs were established and have been fulfilled as nearly as the special circumstances of each school, and difficulty in getting furniture have permitted. The absolute fundamental was seen to be that each adjustment teacher should permanently have for his classroom one particular room, and this has been possible in five out of the six schools. In one school the teacher has occasionally been obliged to move to the art-room. A description of the adjustment class room at the Bradley Rowe Schools as it is, shows how it is hoped each will finally appear. It has ample wall space and shelving for the display of paintings, models, wall pictures, etc., and is furnished with a teacher's desk and chair, a table, a large cupboard for storage of equipment, a blackboard, and twelve stacking tables and chairs.
- (x) **APPARATUS, BOOKS, ETC.** The majority of this material was provided in full from the outset, though a certain amount was added as the teachers became aware of further needs. Each classroom was provided with : 56 lbs. modelling clay, storage bins and lacquer to paint models ; 2 sets of 8 colours in poster paints ; 1 lb. tin of each of the same colours in powder paints ; 12 sets of plasticine ; 12 each of hog's hair painting brushes in round, sizes 4, 8 and 12 ; 12 scissors ; 6 knives ; 12 rulers with cutting edge, hammer, saw, pincers ; drawing pins ; sprigs ; sandpaper, weaving cane ; odd bits of wood ; generous supplies of pencils, rubbers, drawing paper ; exercise books and mounting paper ; tracing paper ; 12 packets of gummed paper in bright colours ; plastic coins ; various spelling and other games chosen by the individual teachers.

